


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90051 034 ****61.25

DOCUMENT # 758659							
1. Entity Name SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS, FL 33067		Mailing Address C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS, FL 33067					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0030655			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BACKER LAW FIRM 136 E BOCA RATON ROAD BOCA RATON, FL 33432			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONTANA, SUZANNE		NAME	Seide, Roselyn			
STREET ADDRESS	8415 SHADOW COURT		STREET ADDRESS	8404 Shadow Court			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JUST, CHESTER		NAME	Bastos, Andrea			
STREET ADDRESS	8501 SHADOW CT		STREET ADDRESS	8452 Shadow Court			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEIDE, ROSELYN		NAME				
STREET ADDRESS	8404 SHADOW COURT		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALTER, NANCY		NAME				
STREET ADDRESS	8403 SHADOW COURT		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP				
TITLE	D/T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CESAR, MARGARETE		NAME				
STREET ADDRESS	8471 SHADOW CT		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Roselyn C. Seide</i>		ROSELYN C. SEIDE		4/17/07 954-242-1478			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			