


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 758659 1. Entity Name SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.	
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FILED
 08 JAN -4 PM 12: 32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

12172007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0030655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BACKER LAW FIRM 136 E BOCA RATON ROAD BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$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	PT	TITLE	T
NAME	SEIDE, ROSELYN <input checked="" type="checkbox"/> Delete	NAME	Seide, Roselyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8404 SHADOW COURT	STREET ADDRESS	8404 Shadow Court
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE	S	TITLE	P
NAME	WALTER, NANCY <input type="checkbox"/> Delete	NAME	Hewitt, Susan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8403 SHADOW COURT	STREET ADDRESS	8500 Shadow Court
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE	V	TITLE	D
NAME	BASTOS, ANDREA <input type="checkbox"/> Delete	NAME	Just, Christopher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8452 SHADOW CT.	STREET ADDRESS	8501 Shadow Court
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	6001 15873386
CITY-ST-ZIP		CITY-ST-ZIP	01/23/08--01022--004 **61.25
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
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: Susan Hewitt Susan Hewitt, president Date: 12-27-07 954729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9930