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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-6252 NC

DOCUMENT # 765682

(0)

1. Corporation Name

SHADYWOODS HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

4404 BRIGHT DR
TALLAHASSEE FL 32303

4404 BRIGHT DR
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified

11/05/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYCOCK, TANYA T.
4404 BRIGHT DR.
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME AYCOCK, TANYA
STREET ADDRESS 4404 BRIGHT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE VP ☐ DELETE

NAME NOLTEC, FRANK
STREET ADDRESS 4444 BRIGHT DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE

NAME BELK, MELVA J
STREET ADDRESS 4440 BRIGHT DRIV
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME FLANNAGAN, VICKY
STREET ADDRESS 4403 BRIGHT DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME MOODY, JOY
STREET ADDRESS 4407 BRIGHT DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME RUSSO, VINCE
STREET ADDRESS 4400 BRIGHT CT
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melva Jean Belk Melva Jean Belk-ST

5/2/96

904-562-5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)