


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 018 ****61.25

DOCUMENT # N99000005812	
1. Entity Name	
SHADOW CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
901 NORTH POINT PKWY 108 WEST PALM BEACH FL 33407 US	901 NORTH POINT PKWY 108 WEST PALM BEACH FL 33407 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
65-1034875	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD, INC. 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Name: BRUCE R. CRAMB Street Address (P.O. Box Number is Not Acceptable): Campbell Property Management 5980 WINSTON TRAILS BLVD. City: LAKE WORTH FL Zip Code: 33463

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: *[Signature]* PRO. MGR. 4/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *WALTER MARTIN - Vice President* 3/1/05 561-433-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40048579
SHADOW CREEK VILLAGE
BOARD OF DIRECTORS #N99000005812
2004 - 2005

TITLE	NAME & ADDRESS	HOME #	CELL #
PRESIDENT	LOU RUFFO 6359 SHADOW TREE LANE	432-3987	
VICE-PRESIDENT	WALLY MARTIN 6332 SHADOW TREE LANE	649-6606	452-1276
TREASURER	GERRY GREENSTEIN 6364 SHADOW TREE LANE	304-0987	
SECRETARY	SERGIO MARTINENGO 6227 SHADOW TREE LANE	968-2002	
DIRECTOR	PAUL WEINER 6425 SHADOW CREEK VLG.	964-3020	