


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90026 027 ****61.25

DOCUMENT # N99000005812					
1. Entity Name SHADOW CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US			Mailing Address 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US		
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 65-1034875	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COPNEY, COLLEEN CAMPBELL PROPERTY MGMT 5980 WINSTON TRAIL BLVD LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name <u>St. John Core & Lemme</u> Street Address (P.O. Box Number is Not Acceptable) <u>1601 Forum Place Suite 701</u> City <u>WPB</u> FL Zip Code <u>33401</u>		
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 <u>[Signature]</u> <u>David Core Secretary</u> <u>2/27/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T GREENSTEIN, GERALD 6364 SHADOWTREE LANE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walter Martin 6332 Shadow Tree Ln. Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NITTI, JESSICA 6336 SHADOW TREE LN. LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Weiner 6425 Shadow Creek Vlg. Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>[Signature]</u> <u>3/14/08</u> <u>561-711-9561</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50000198



02142008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COPNEY, COLLEEN
CAMPBELL PROPERTY MGMT
5980 WINSTON TRAIL BLVD
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name St. John Core & Lemme
Street Address (P.O. Box Number is Not Acceptable)
1601 Forum Place Suite 701
City WPB FL Zip Code 33401

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] David Core Secretary 2/27/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: [Signature] 3/14/08 561-711-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #