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

## Mar 21, 2005 8:00 am **Secretary of State DOCUMENT # 722594** 1. Entity Name 03-21-2005 90108 030 \*\*\*\*61.25 SHADOWOOD VILLAGE, INC. Principal Place of Business Mailing Address 120 E. COLONIAL 120 E. COLONIAL 50028871 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1516040 Not Applicable Žin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, DAVID R Street Address (P.O. Box Number is Not Acceptable) 120 E. COLONIAL DR. ORLANDO FL 32801 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TIT<del>I</del> F ☐ Change Addition KENNEY, RON NAME NAME 113 WILD HOLLY LN STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition DAVIS, MICHELLE NAME 105 WILD HOLLY LANE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-7IP CITY-ST-7IP TITE F Delete TITLE Change ■ Addition SHAKAR, ROBERT NAME NAME 125 RED CEDAR STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition WILLIS, SUSAN NAME NAME 203 WEEPING ELM LN STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME SHANETTA . STREET ADDRESS ILLRED CEDI CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition NAME NAME RAFAEL MORELL STREET ADDRESS STREET ADDRESS WILD HOLLY CITY-ST-7IP CITY-ST-ZIP ONG WOOD,

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 of suspense appears in Block 10 or Block 11 if

changed, or on an attachment

SIGNATURE:

FILED