

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91769 023 ****61.25

DOCUMENT # 722594

1. Entity Name
SHADOWOOD VILLAGE, INC.

Principal Place of Business

**602 EAST CHURCH ST.
ORLANDO FL 32801
US**

Mailing Address

**602 EAST CHURCH ST.
ORLANDO FL 32801
US**

44003830

2. Principal Place of Business

120 E. Colonial
Suite, Apt. #, etc.

3. Mailing Address

120 E. Colonial
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1516040**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PIERCE, DAVID R
FIRST CAPITAL
602 EAST CHURCH STREET
ORLANDO FL 32801**

Name

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

120 E. Colonial

City

FL

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 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 NAME **D KENNEY, RON** Delete
STREET ADDRESS **113 WILD HOLLY LN**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME **PRESIDENT** Change Addition
STREET ADDRESS **NEW PRESIDENT**
CITY-ST-ZIP

TITLE NAME **T JOHNSON, WILLIAM** Delete
STREET ADDRESS **127 RED CEDAR DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **D DAVIS, MICHELLE** Delete
STREET ADDRESS **105 WILD HOLLY LANE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME **TREASURER** Change Addition
STREET ADDRESS **NEW TREASURER**
CITY-ST-ZIP

TITLE NAME **VPD SHAURR, ROBERT** Delete
STREET ADDRESS **125 RED CEDAR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME **CORRECT SPELLING** Change Addition
STREET ADDRESS **ROBERT SHAKAR**
CITY-ST-ZIP

TITLE NAME **D WILLIS, SUSAN** Delete
STREET ADDRESS **203 WEEPING ELAR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME **CORRECT ADDRESS** Change Addition
STREET ADDRESS **203 WEEPING ELM LN**
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **DIRECTOR** Change Addition
STREET ADDRESS **BARBARA REYNOLDS**
CITY-ST-ZIP **204 WEEPING ELM LN**
LONGWOOD, FL 32779

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:

SIGNATURE REQUIRED HERE

4/2/03

Date

Daytime Phone #

CR2037 (10/02)