

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736472

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SHADOWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1931 SHADOWOOD PARK DR  
JACKSONVILLE, FL 322252401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1931 SHADOWOOD PARK DR  
JACKSONVILLE, FL 322252401 US

**New Mailing Address:**

FEI Number: 59-1755559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWENSON, STAN  
11400 BEDFORD OAKS DR  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SWENSON, STAN  
Address: 11400 BEDFORD OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete  
Name: SOUTHWOOD, KEITH  
Address: 11416 WHITE BAY LN  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: WISE, BERNETHA  
Address: 11406 WHITE BAY LN  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete  
Name: LANGENBACH, HAZEL  
Address: 1906 WILLOWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN SWENSON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date