


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90415 042 ****61.25

DOCUMENT #741033
 1. Entity Name
SHADOWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 790 P.O. BOX 790
 HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1753124 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROGERS, KENNETH
11490 CLUBVIEW DR
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, KENNETH	
STREET ADDRESS	11490 CLUBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	DE	<input type="checkbox"/> Delete
NAME	WILDE, DAVID	
STREET ADDRESS	11419 W. RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34468	
TITLE	S	<input type="checkbox"/> Delete
NAME	MINEAR, GLORIA	
STREET ADDRESS	11511 RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	T	<input type="checkbox"/> Delete
NAME	PYLE, MARGIE	
STREET ADDRESS	11491 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MARTHA	
STREET ADDRESS	11569 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODHEAD, MIKE	
STREET ADDRESS	11510 W CLUBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrie Culver	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrie Culver	
STREET ADDRESS	11461 W. Riverhaven Dr.	
CITY-ST-ZIP	Homosassa FL 34448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margie Pyle* *Margie Pyle* *Treasurer* 352 621-9286