


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 741033 1. Entity Name SHADOWOOD HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US	Mailing Address P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1753124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		<input type="checkbox"/> Delete
TITLE	P ROGERS, KENNETH	<input type="checkbox"/>
STREET ADDRESS	11490 CLUBVIEW DR	
CITY-STATE-ZIP	HOMOSASSA FL 34448	
TITLE	DE WILDE, DAVID	<input type="checkbox"/>
STREET ADDRESS	11419 W. RIVERHAVEN DR	
CITY-STATE-ZIP	HOMOSASSA FL 34468	
TITLE	S MINEAR, GLORIA	<input type="checkbox"/>
STREET ADDRESS	11511 RIVERHAVEN DR	
CITY-STATE-ZIP	HOMOSASSA FL 34448	
TITLE	T PYLE, MARGIE	<input type="checkbox"/>
STREET ADDRESS	11491 W RIVERHAVEN DR	
CITY-STATE-ZIP	HOMOSASSA FL 34448	
TITLE	D CULVER, CARRIE	<input type="checkbox"/>
STREET ADDRESS	11461 W RIVERHAVEN DR	
CITY-STATE-ZIP	HOMOSASSA FL 34448	
TITLE	D WOODHEAD, MIKE	<input type="checkbox"/>
STREET ADDRESS	11510 W CLUBVIEW DR	
CITY-STATE-ZIP	HOMOSASSA FL 34448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000646268		
STREET ADDRESS	03/06/07-80022-024 61.25		
CITY-STATE-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 2/20/07 352 621-9286