

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90041 004 ****61.25

DOCUMENT # 741033

1. Entity Name

SHADOWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 790
HOMOSASSA SPRINGS FL 34447
US

Mailing Address

P.O. BOX 790
HOMOSASSA SPRINGS FL 34447
US



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1753124

Applied For

Not Applicable

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

**ROGERS, KENNETH
11490 CLUBVIEW DR
HOMOSASSA FL 34448**

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 _____

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
Due By May 1, 2008**

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 Delete
NAME **ROGERS, KENNETH**
STREET ADDRESS **11490 CLUBVIEW DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **WILDE, DAVID**
STREET ADDRESS **11419 W. RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34468**

TITLE Change Addition
NAME **D WILDE, David**
STREET ADDRESS **11419 W Riverhaven Dr**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE Delete
NAME **MINEAR, GLORIA**
STREET ADDRESS **11511 RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PYLE, MARGIE**
STREET ADDRESS **11491 W RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CULVER, CARRIE**
STREET ADDRESS **11461 W RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **WOODHEAD, MIKE**
STREET ADDRESS **11510 W CLUBVIEW DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME **D Scarliff, Butch**
STREET ADDRESS **11451 W Riverhaven Dr.**
CITY-ST-ZIP **Homosassa, FL 34448**

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