

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741033

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 790
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

11450 W. RIVERHAVEN DR
HOMOSASSA, FL 34448 US

Current Mailing Address:

P.O. BOX 790
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-1753124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, KENNETH
11490 CLUBVIEW DR
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

ALEXANDER, LARRY
5250 S. VIEW POINT
HOMOSASSA, FL 34448 US

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: LARRY ALEXANDER

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, KENNETH
Address: 11490 CLUBVIEW DR
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: DE WILDE, DAVID
Address: 11419 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: S () Delete
Name: MINEAR, GLORIA
Address: 11511 RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: T () Delete
Name: PYLE, MARGIE
Address: 11491 W RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: CULVER, CARRIE
Address: 11461 W RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: SCARCLIFF, BUTCH
Address: 11451 W RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALEXANDER, LARRY
Address: 5250 S. VIEW POINT
City-St-Zip: HOMOSASSA, FL 34448

Title: VP (X) Change () Addition
Name: DE WILDE, DAVID
Address: 11419 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: S (X) Change () Addition
Name: MINEAR, GLORIA
Address: 11511 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: T (X) Change () Addition
Name: HILL, NANCY
Address: 11533 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

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: NANCY E. HILL

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date