

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2008
Secretary of State**

DOCUMENT# N06000012095

Entity Name: SHADOWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1130 NE 4TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1130 NE 4TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-5942569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REILLY, LISA
1130 NE 4TH STREET
OCALA, FL 34470 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: DPST () Delete
Name: REILLY, LISA
Address: 1130 NE 4TH STREET
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: FALVEY, JAMES G
Address: 821 SE 13TH STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: SIMMONS, YOUNG J III
Address: 120 SE 12TH TERRACE
City-St-Zip: Ocala, FL 34471

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:

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: LISA G REILLY

RA

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date