

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 032 ****61.25

DOCUMENT # N07673

1. Entity Name
SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.



Principal Place of Business
**14709 SHADOW WOOD BLVD
HUDSON, FL 34667**

Mailing Address
**14709 SHADOW WOOD BLVD
HUDSON, FL 34667**

50000243



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

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2601945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PENDLETON, HARRY
14701 GWENWOOD CIR
HUDSON, FL 34667**

7. Name and Address of New Registered Agent

Name **PIONTEK, LARRY**

Street Address (P.O. Box Number is Not Acceptable)

8908 HOLLYWOOD DR.

City **HUDSON**

FL

Zip Code **34667**

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

Larry Piontek

(NOTE: Registered Agent signature required when reappointing)

1-9-07

DATE

**Filing 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

TITLE **PD** ☒ Delete
NAME **PENDLETON, HARRY**
STREET ADDRESS **14701 GWENWOOD CIR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **TD** ☐ Delete
NAME **CLARKIN, WANDA**
STREET ADDRESS **14605 SHADOWWOOD BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **VD** ☐ Delete
NAME **DELUCA, SIBBY**
STREET ADDRESS **14716 SHADOWWOOD BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **SD** ☒ Delete
NAME **TURNER, HELEN**
STREET ADDRESS **14620 CORTLAND DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **D** ☒ Delete
NAME **ROWE, JEAN**
STREET ADDRESS **14714 CORTLAND DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **PIONTEK, LARRY**
STREET ADDRESS **8908 HOLLYWOOD DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **SAME** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **DELUCA, SIBBY**
STREET ADDRESS **8915 CORALWOOD DR.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **SD** ☒ Change ☐ Addition
NAME **NENNINGER, TED**
STREET ADDRESS **14703 GWENWOOD CIR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **D** ☒ Change ☐ Addition
NAME **SCATTURRO, VINNIE**
STREET ADDRESS **14802 CORTLAND DR.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ 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 Chapter 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:

Larry Piontek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #