

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 011 ****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		
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 59-2601945 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIONTEK, LARRY 8908 HOLLYWOOD DR. HUDSON, FL 34667			7. Name and Address of New Registered Agent Name COTE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 8900 PATRICIA 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		RICHARD COTE <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIONTEK, LARRY 8908 HOLLYWOOD DR HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COTE, RICHARD 8900 PATRICIA DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKIN, WANDA 14605 SHADOWWOOD BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEICHMANN, DIANE 14804 SHADOWWOOD BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELUCA, SIBBY 8915 CORALWOOD DR. HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCHLEWICZ, SHARON 14704 CORTLAND DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NENNINGER, TED 14703 GWENWOOD CIR HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCATTURRO, VINNIE 14802 CORTLAND DR. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCATTURRO, VINNIE 14802 CORTLAND DR. HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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:		RICHARD COTE		Date 7-27-863-1717 <small>Daytime Phone #</small>	