

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07673

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.

**Current Principal Place of Business:**

14709 SHADOW WOOD BLVD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

14709 SHADOW WOOD BLVD  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-2601945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTE, RICHARD  
8900 PATRICIA DR  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

DEICHMANN, DIANE  
14804 SHADOWWOOD BLVD  
HUDSON, FL 34667 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: DIANE DEICHMANN

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COTE, RICHARD  
Address: 8900 PATRICIA DR  
City-St-Zip: HUDSON, FL 34667

Title: TD ( ) Delete  
Name: DEICHMANN, DIANE  
Address: 14804 SHADOWWOOD BLVD  
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete  
Name: DELUCA, SIBBY  
Address: 8915 CORALWOOD DR.  
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Delete  
Name: NARCGKEWICZ, SHARRON  
Address: 14704 CORTLAND DR  
City-St-Zip: HUDSON, FL 34667

Title: D (X) Delete  
Name: SCATTURRO, VINNIE  
Address: 14802 CORTLAND DR.  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHAMP, PAUL G  
Address: 8912 DUNMORE DR  
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WALSH, JAMES  
Address: 8910 DUNMORE DR  
City-St-Zip: HUDSON, FL 34667

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: DIANE DEICHMANN

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date