

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 018 ****61.25

DOCUMENT # **N9500001478**
1. Entity Name
SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Greenwood Management Services Suite, Apt. #, etc. 5533 Greenwood Circle City & State NAPLES, FL Zip 34112 Country US		3. Mailing Address Greenwood Management Services Suite, Apt. #, etc. 5533 Greenwood Circle City & State NAPLES FL Zip 34112 Country US	
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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0576425
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JOHN H. SLATER
Street Address (P.O. Box Number is Not Acceptable)
Greenwood Management Services, Inc.
5533 Greenwood Circle
City
NAPLES FL Zip Code
34112

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.

SIGNATURE **John H. Slater** Association Manager
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert KAEFIAT 6157 THRESDOR DRIVE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D JOHN REICHENBERG 6147 THRESDOR DRIVE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TJ RUSSELL BERGENUIS 6202 SHADOWOOD CIRCLE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GWEN HASTINGS 6163 THRESDOR DRIVE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW BARBOUR 6289 SHADOWOOD CIRCLE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Russell Bergenuis** Treasurer **4/30/02 (239) 417-5118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)