


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90360 026 ****61.25

DOCUMENT # N95000001478

1. Entity Name
SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 PO BOX 110156
 NAPLES, FL 34108 US

Mailing Address
 PO BOX 110156
 NAPLES, FL 34108 US

2. Principal Place of Business
96 Greenwood Management Services, Inc.


3. Mailing Address
96 Greenwood Management Services, Inc.

Suite, Apt. #, etc.
5533 Greenwood Circle

City & State
NAPLES, FL

Zip
34112

Country
USA



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0576425

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

6. Name and Address of Current Registered Agent

WHITE, WILLIAM D
2310 DELLA DR.
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name
John H. Swartz

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John H. Swartz* Association Manager DATE **4/17/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KARAFIAT, ROBERT 6202 SHADOWOOD CIRCLE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSELL, DENNIS 6212 SHADOWOOD CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBOUR, AUDREY 6289 SHADOWOOD CIR NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CACHE, WILLIAM 6136 THRESHER DRIVE NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELS, GIBBY 6285 SHADOWOOD CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM WHITE, WILLIAM D 2310 DELLA DR NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERENIS, RUSSELL 6202 SHADOWOOD CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell Berenis* DATE: **(299) 530-4141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR