

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 023 ****61.25



DOCUMENT # N95000001478

1. Entity Name
 SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business **Mailing Address**

C/O GREENWOOD MGMT. SVCS., INC.
 5533 GREENWOOD CIR.
 NAPLES FL 34112
 US

C/O GREENWOOD MGMT. SVCS., INC.
 5533 GREENWOOD CIR.
 NAPLES FL 34112
 US



2. Principal Place of Business **3. Mailing Address**

3400 Tamiami Trail North
 Suite, Apt. #, etc. Suite 302

City & State **City & State**

Naples FL Naples FL

Zip **Country** **Zip** **Country**

34103 USA 34103 USA

1st MOORE CR2E037 (10/05)

4. FEI Number **Applied For**

65-0576425 Not Applicable

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

6. Name and Address of Current Registered Agent

SLATER, JOHN H
 GREENWOOD MGMT. SVCS., INC.
 5533 GREENWOOD CIR.
 NAPLES FL 34112

7. Name and Address of New Registered Agent

Name Edward J. Boot / Greenwood Management
Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Trail North
Suite, Apt. #, etc. Suite 302
City Naples **FL** **Zip Code** 34103

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 Edward J. Boot Ed Boot **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------|-----------------|-------------------------------------|
| DP | BERGHUIS, RUSSELL | 6202 SHADOWOOD CIR. | NAPLES FL 34112 | <input type="checkbox"/> |
| DV | RUSSELL, DENNIS | 6212 SHADOWOOD CIRCLE | NAPLES FL 34112 | <input checked="" type="checkbox"/> |
| SD | BARBOUR, AUDREY | 6289 SHADOWOOD CIR | NAPLES FL 34112 | <input checked="" type="checkbox"/> |
| DT | BYERS, CRYSTA | 3122 TARESLER DRIVE | NAPLES FL 34112 | <input type="checkbox"/> |
| D | BARTELS, GIBBY | 6285 SHADOWOOD CIRCLE | NAPLES FL 34112 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------|-----------------------|-----------------|-------------------------------------|-------------------------------------|
| UP | Dale Salin | 6264 Shadowood Circle | Naples FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S | Bea Sigt | 6266 Shadowood Circle | Naples FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | John Clark | 6126 Thresher Drive | Naples FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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: John Clark John Clark **DATE** 4/11/06 **Daytime Phone #** 239-417-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR