

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90029 043 \*\*\*\*61.25

<b>DOCUMENT # N95000001478</b> 1. Entity Name <b>SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3400 TAMiami TRAIL N STE 302 NAPLES, FL 34103 US</b>			Mailing Address <b>3400 TAMiami TRAIL N STE 302 NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box # <i>do Sandalwood Community Management</i>			3. Mailing Address <i>P.O. Box 8478</i>		
Suite, Apt. #, etc. <i>1719 Trade Center Way Ste 4</i>			Suite, Apt. #, etc. 		
City & State <b>Naples, FL</b>			City & State <b>Naples, FL</b>		
Zip <b>34109</b>		Country <b>USA</b>		Zip <b>34101</b>	
Country <b>USA</b>		4. FEI Number <b>65-0576425</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EDWARD J BOOT/CONENWOOD LGMT. 3400 TAMiami TRAIL N STE 302 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <i>Nancy Winkler</i> Street Address (P.O. Box Number is Not Acceptable) <i>1719 Trade Center Way, Suite 4</i> City <i>Naples</i> FL Zip Code <i>34109</i>		
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 <i>Nancy Winkler</i> DATE <i>4-6-07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BERGHUIS, RUSSELL 6202 SHADOWOOD CIR. NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALIN, DALE 6264 SHADOWOOD CIRCLE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIGL, BEA 6266 SHADOWOOD CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BYERS, CRYSTA 3122 TARESLER DRIVE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Bob Karafiat 6157 Thresher Drive Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, JOHN 6126 THRESSHER DR NAPLES, FL 34112	<input type="checkbox"/> Delete		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 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: <i>Robert Karafiat</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>4-7-2007</i> <small>Daytime Phone #</small>	