

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 28, 2009  
Secretary of State**

DOCUMENT# N95000001478

Entity Name: SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**1719 TRADE CENTER WAY  
# 4  
NAPLES, FL 34109 US**New Principal Place of Business:**C/O AMERICAN PROPERTY MGMT SERVICES  
4280 TAMIAMI TRAIL EAST #302  
NAPLES, FL 34112 US**Current Mailing Address:**PO BOX 8478  
NAPLES, FL 34101 US**New Mailing Address:**C/O AMERICAN PROPERTY MGMT SERVICES  
4280 TAMIAMI TRAIL EAST #302  
NAPLES, FL 34112 US

FEI Number: 65-0576425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WINKLER, NANCY  
SANDCASTLE COMMUNITY MGMT.  
1719 TRADE CENTER WAY, STE 4  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**AMERICAN PROPERTY MANAGEMENT  
4280 TAMIAMI TRAIL EAST  
302  
NAPLES, FL 34112 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: ORLANDO MISERANDINO ORTIZ

09/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VPD ( ) Delete  
Name: SIGL, BEA  
Address: 6266 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112Title: SD ( ) Delete  
Name: KARAFIAT, BOB  
Address: 6157 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112Title: TD ( ) Delete  
Name: BARTELS, GIBBY  
Address: 6285 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112Title: D ( ) Delete  
Name: CLARK, JOHN  
Address: 6126 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112Title: PD ( ) Delete  
Name: DANIELS, PAUL  
Address: 6312 SHADOWWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: TD (X) Change ( ) Addition  
Name: SIGL, BEA  
Address: 6266 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D ( ) Change (X) Addition  
Name: MARTIN, LAUTH  
Address: 6273 SHADOWOOD CIR  
City-St-Zip: NAPLES, FL 34112

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: PAUL DANIELS

PD

09/28/2009

Electronic Signature of Signing Officer or Director

Date