

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736472

Entity Name: SHADOWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 US

FEI Number: 59-1755559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC
7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 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: NICHOLAS LAMBIASE JR

03/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FLORES, WILLIAM
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name HASAN, NAJI
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY, TREASURER
Name MITCHELL, J PAT
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BOLES, RENE
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

SIGNATURE: NAJI HASAN

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date