

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 741033

**Entity Name:** SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9300 N. 16TH ST.  
TAMPA, FL 33612

**Current Mailing Address:**

9300 N. 16TH ST.  
TAMPA, FL 33612 US

**FEI Number:** 59-2746213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WINFIELD, JANET  
9300 N. 16TH ST.  
TAMPA, FL 33612 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:** JANET WINFIELD

03/13/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name RUNELL, GREG  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title TREASURER  
Name MCPHERSON, KENNETH  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title PRESIDENT  
Name ERGLE, KIMBALL  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title VP  
Name COLVIN, GORDON  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name MERTES, JAMES  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name GRANTHAM, MARC  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name SCARCLIFF, BUTCH  
Address 9300 N. 16TH ST.  
City-State-Zip: TAMPA FL 33612

*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:** ERGLE , KIMBALL

PRESIDENT

03/13/2020

Electronic Signature of Signing Officer/Director Detail

Date