

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741033

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

**FILED**  
**Feb 23, 2019**  
**Secretary of State**  
**5517694060CC**

**Current Principal Place of Business:**

11450 W. RIVERHAVEN DR  
HOMOSASSA, FL 34448

**Current Mailing Address:**

P.O. BOX 790  
HOMOSASSA SPRINGS, FL 34447 US

**FEI Number: 59-2746213**

**Certificate of Status Desired: No**

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

ERGLE, KIMBALL  
16540 SPRING VALLEY RD.  
P. O. BOX 213  
DADE CITY, FL 33526 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: KIMBALL ERGLE**

**02/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MCGOVERN, KIM  
Address        5229 S VIEW POINT  
City-State-Zip: HOMOSASSA FL 34448

Title           SECRETARY  
Name           KENNEY, MICHELE  
Address        11532 W CLUBVIEW DR  
City-State-Zip: HOMOSASSA FL 34448

Title           DIRECTOR  
Name           SCARCLIFF, BUTCH  
Address        11451 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448

Title           PRESIDENT  
Name           ERGLE, KIMBALL  
Address        P O BOX 213  
City-State-Zip: DADE CITY FL 33525

Title           DIRECTOR  
Name           MCPHERSON, KENNY  
Address        4776 HIGHLANDS PL CIR  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           RUNELL, GREGORY  
Address        11419 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448

Title           VP  
Name           COLVIN, GORDON  
Address        11667 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448

Title           DIRECTOR  
Name           MERTES, JAMES  
Address        5243 VIEW POINT  
City-State-Zip: HOMOSASSA FL 34448

**Continues on page 2**

*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: KIM MCGOVERN**

**TREASURER**

**02/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GRANTHAM, MARC  
Address        11663 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448