

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741033

Entity Name: SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10500 UNIVERSITY CENTER DR.
SUITE 190
TAMPA, FL 33612

Current Mailing Address:

10500 UNIVERSITY CENTER DR.
SUITE 190
TAMPA, FL 33612 US

FEI Number: 59-2746213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANGUARD MANAGEMENT GROUP, LLC.
10500 UNIVERSITY CENTER DR.
SUITE 190
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: JANNA WINFIELD

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name VACCARO, MANUEL
Address 10500 UNIVERSITY CENTER DR.
SUITE 190
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name MCPHERSON, DENA
Address 10500 UNIVERSITY CENTER DR.
SUITE 190
City-State-Zip: TAMPA FL 33612

Title SECRETARY
Name RIDDLE, PATRICIA
Address 10500 UNIVERSITY CENTER DR.
SUITE 190
City-State-Zip: TAMPA FL 33612

Title PRESIDENT
Name MAXWELL, JULIE
Address 10500 UNIVERSITY CENTER DR.
SUITE 190
City-State-Zip: TAMPA FL 33612

Title TREASURER
Name COBB, DANA
Address 10500 UNIVERSITY CENTER DR.
SUITE 190
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: MAXWELL , JULIE

PRESIDENT

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date