

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 741033

Entity Name: SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

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

07/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name OGIER, STEVEN O
Address 11428 W CLUBVIEW DR
City-State-Zip: HOMOSASSA FL 34448

Title SECRETARY
Name WELLSLAGER, TRINA
Address 11459 W RIVERHAVEN 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 VP
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 DIRECTOR
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

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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: STEVEN O OGIER

TREASURER

07/10/2018

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