

2021 FLORIDA NOT FOR PROFIT CORPORATION 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

04/09/2021

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 COBB, DANA
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 GRAHAM, ALMA
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, PATRICIA
Address 9300 N. 16TH ST.
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name MAXWELL, JULIE
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

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date