

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:**VIVOLO, CHRISTA
11435 W RIVERHAVEN DR
HOMOSASSA, FL 34448 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: CHRISTA VIVOLO****01/18/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name CLEMONS, TOMMY
Address 11461 W RIVERHAVEN DR
City-State-Zip: HOMOSASSA FL 34448

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

Title PRESIDENT
Name VIVOLO, CHRISTA
Address 11435 W RIVERHAVEN DR
City-State-Zip: HOMOSASSA FL 34448

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

Title DIRECTOR
Name ALLEN, DELBERT
Address 11583 W RIVERHAVEN DR
City-State-Zip: HOMOSASSA FL 34448

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

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****01/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date