

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741033

**FILED**  
**Feb 17, 2013**  
**Secretary of State**  
**CC9155149790**

**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:**

RODGERS, JOHNNIE K  
11490 W CLUBVIEW 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RODGERS, JOHNNIE K  
Address 11490 W CLUBVIEW DR  
City-State-Zip: HOMOSASSA FL 34448

Title VP  
Name KOLSTAD, JIM  
Address 11486 W. CLUBVIEW DRIVE  
City-State-Zip: HOMOSASSA FL 34448

Title S  
Name MINEAR, GLORIA  
Address 11511 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448

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

Title D  
Name MAHONEY, NANCY  
Address 11687 W RIVERHAVEN DR  
City-State-Zip: HOMOSASSA FL 34448

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

*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**

**02/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date