

2013 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:**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