

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001611

**Entity Name:** SHADOW WOOD COUNTRY CLUB, INC**Current Principal Place of Business:**22801 OAKWILDE BLVD  
BONITA SPRINGS,, FL 34135**Current Mailing Address:**22801 OAKWILDE BLVD  
BONITA SPRINGS,, FL 34135**FEI Number:** 11-3774878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTOLEC, BRIAN  
22801 OAKWILDE BLVD  
BONITA SPRINGS, FL 34135 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:** BRIAN BARTOLEC

01/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHARD, CELIBERTI  
Address        10073 ORCHID RIDGE LANE  
City-State-Zip: ESTERO FL 34135

Title            TREA  
Name            WATCHMAKER, KENNETH  
Address        9550 LAKEBEND PRESERVE COURT  
City-State-Zip: ESTERO FL 34135

Title            VP  
Name            ZENTZ, STEPHEN  
Address        10136 ORCHID RIDGE LANE  
City-State-Zip: ESTERO FL 34135

Title            SECRETARY  
Name            FORBES, TIM  
Address        18210 CREEKSIDE VIEW DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            SANDZA, JOSEPH  
Address        9401 LAKEBEND PRESERVE COURT  
City-State-Zip: ESTERO FL 34135

Title            DIRECTOR  
Name            FISHER, RAYMOND  
Address        23172 FOXBERRY LANE  
City-State-Zip: ESTERO FL 34135

Title            DIRECTOR  
Name            VOTTA, GERALD  
Address        10041 NORTHRIDGE COURT  
City-State-Zip: ESTERO FL 34135

Title            DIRECTOR  
Name            HUEY, JUDITH  
Address        9271 OAK STRAND DRIVE  
City-State-Zip: ESTERO FL 34135

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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:** RICHARD CELIBERTI

PRESIDENT

01/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | DIRECTOR                       |
| Name            | ANTONELLI, RICHARD             |
| Address         | 10342 AUTUMN BREEZE DRIVE #201 |
| City-State-Zip: | ESTERO FL 34135                |