

2021 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****01/11/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name HUEY, JUDITH
Address 9261 PALMETTO RIDGE DRIVE
202
City-State-Zip: ESTERO FL 34135

Title DIRECTOR
Name DEMOTT, THOMAS
Address 22956 SHADY KNOLL DRIVE
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 ANTONELLI, RICHARD
Address 10342 AUTUMN BREEZE DRIVE
201
City-State-Zip: ESTERO FL 34135

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

Title DIRECTOR
Name BUTLER, RICHARD
Address 10670 WINTERCRESS 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: TIMOTHY FORBES**PRESIDENT****01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NERO, ROBERT
Address	9351 LAKEBEND PRESERVE COURT
City-State-Zip:	ESTERO FL 34135