

2014 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:**NEMEC, NANCY N
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	NEMEC, NANCY
Address	22989 SHADY KNOLL DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREA
Name	KOSTELC, RAYMOND
Address	22050 SHALLOWATER LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	SEIDELL, ROBERT
Address	22051 SHALLOWATER LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY
Name	PRITTS, WILLIAM
Address	6901 MISTY LAKE CT
City-State-Zip:	FT MYERS FL 33908

Title	DIR
Name	LAFORTE, MICHAEL
Address	10216 IDLE PINE LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIR
Name	EGAN, PATRICK
Address	10100 NORTHRIDGE COURT
City-State-Zip:	BONITA SPRINGS FL 34135

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: NANCY NEMEC**PRESIDENT****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date