

2016 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****01/28/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREA
Name PRITTS, WILLIAM
Address 6901 MISTY LAKE COURT
City-State-Zip: FORT MYERS FL 33908

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

Title SECRETARY
Name EGAN, PATRICK
Address 10100 NORTHRIDGE COURT
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 DIRECTOR
Name SANDZA, JOSEPH
Address 9401 LAKEBEND PRESERVE COURT
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name REECE, DONALD
Address 10104 MAGNOLIA BEND
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MULVANEY, KEVIN
Address 22260 BANYAN HIDEAWAY DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

Continues on page 2

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: RAYMOND KOSTELC**PRESIDENT****01/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PIERCE, RONALD
Address	22001 SHALLOWATER LANE
City-State-Zip:	BONITA SPRINGS FL 34135