

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

DOCUMENT# N95000001478

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**1738701034CC**

**Entity Name:** SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN PROPERTY MGMT SERVICES  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**Current Mailing Address:**

C/O AMERICAN PROPERTY MGMT SERVICES  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

**FEI Number:** 65-0576425

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMERICAN PROPERTY MANAGEMENT SERVICES, LLC  
C/O AMERICAN PROPERTY MGMT SERVICES  
8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 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:** ORLANDO MISERANDINO ORTIZ

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FRASE, KRIS  
Address        C/O AMERICAN PROPERTY MGMT  
                  SERVICES  
                  8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title           S  
Name           MAURER, BRENT  
Address        C/O AMERICAN PROPERTY MGMT  
                  SERVICES  
                  8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title           PRESIDENT  
Name           KLING, STACY  
Address        C/O AMERICAN PROPERTY MGMT  
                  SERVICES  
                  8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title           DIRECTOR  
Name           STRATYCHUK, BRIAN  
Address        C/O AMERICAN PROPERTY MGMT  
                  SERVICES  
                  8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

*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:** KLING , STACY

**PRESIDENT**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date