

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001478

**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:**

MISERANDINO ORTIZ, ORLANDO  
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

04/25/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FRASE, KRIS  
Address 6216 SHADOWOOD CR  
City-State-Zip: NAPLES FL 34112

Title S  
Name BALL, VIRGINIA  
Address 6224 SHADOWOOD CR  
City-State-Zip: NAPLES FL 34112

Title D  
Name LAUTH, MARTIN  
Address 6273 SHADOWOOD CR  
City-State-Zip: NAPLES FL 34112

Title D  
Name ERICKSON, NORMAN  
Address 6312 SHADOWOOD CR  
City-State-Zip: NAPLES FL 34112

Title VP, TREASURER  
Name TENHOVER, GEORGE J  
Address 6212 SHADOWOOD CR  
City-State-Zip: NAPLES FL 34112

*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:** KRIS FRASE

PD

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date