

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001478

Entity Name: SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34104 US

FEI Number: 65-0576425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34104 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: ROBERT ROSENOW

04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KLING, STACY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title VP
Name FRASE, KRIS
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name SALOMONSSON, DOUGLAS
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name MAURER, BRENT
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name ZOCCO, PAUL
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

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: BRENT MAURER

SEC

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date