2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2023
Secretary of State
7510617732CC

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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 04/18/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	KLINEY, STACY	Name	FRASE, KRIS
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER	Title	SECRETARY
Name	SALOMONSSON, DOUGLAS	Name	WASHBURN, JERRY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215
City-State-Zip:	NAPLES FL 34104	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: DOUGLAS SALOMONSSON TREAS 04/18/2023

Electronic Signature of Signing Officer/Director Detail — Date