

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 028 ****61.25

DOCUMENT # 722594

1. Entity Name

SHADOWOOD VILLAGE, INC.



Principal Place of Business

120 E. COLONIAL
ORLANDO FL 32801
US

Mailing Address

120 E. COLONIAL
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1516040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, DAVID R
120 E. COLONIAL DR.
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KENNEY, RON
STREET ADDRESS 113 WILD HOLLY LN
CITY-ST-ZIP LONGWOOD FL 32779

TITLE T ☐ Delete
NAME DAVIS, MICHELLE
STREET ADDRESS 105 WILD HOLLY LANE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VPD ☐ Delete
NAME SHAKAR, ROBERT
STREET ADDRESS 125 RED CEDAR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE S ☒ Delete
NAME MAGID, SHANETTA
STREET ADDRESS 111 RED CEDAR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME MOREU, RAFAEL
STREET ADDRESS 106 WILD HOLLY LANE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME MIKEL PETERSON
STREET ADDRESS 205 WEEPING ELM
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald A. Kenney

RONALD KENNEY
PRES

1/17/06 407 788 6300