

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722594

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SHADOWOOD VILLAGE, INC.

## Current Principal Place of Business:

2180 WEST ST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

## New Principal Place of Business:

## Current Mailing Address:

2180 WEST ST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

## New Mailing Address:

FEI Number: 59-1516040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: BAYNE, MARION  
Address: 107 RED CEDAR DR  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: WOLFF, DICK  
Address: 108 STARLING LN  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: SHAKAR, ROBERT  
Address: 125 RED CEDAR DR  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: HOUCHINS, DORIS  
Address: 114 WILD HOLLY LN  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: KAISER, THEODORE  
Address: 104 WEEPING ELM LN  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: BAYNE, MARION  
Address: 107 RED CEDAR DR  
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change ( ) Addition  
Name: WOLFF, RICHARD  
Address: 108 STARLING LN  
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change ( ) Addition  
Name: STARR, MIRIAM  
Address: 208 WEEPING ELM LN  
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change ( ) Addition  
Name: HOUCHINS, DORIS  
Address: 114 WILD HOLLY LN  
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition  
Name: BARRY, MICHAEL  
Address: 201 WEEPING ELM LN  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD WOLFF

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date