

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741033

FILED
Apr 18, 2010
Secretary of State

Entity Name: SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11450 W. RIVERHAVEN DR
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 790
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-1753124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, LARRY
5250 S. VIEW POINT
HOMOSASSA, FL 34448 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: P
Name: ALEXANDER, LARRY
Address: 5250 S. VIEW POINT
City-St-Zip: HOMOSASSA, FL 34448

Title: VP
Name: DE WILDE, DAVID
Address: 11419 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: S
Name: RODGERS, KIM
Address: 11490 W. CLUBVIEW DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: T
Name: HILL, NANCY
Address: 11533 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: D
Name: CLEMONS, CARRIE
Address: 11461 W RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL 34448

Title: D
Name: KOLSTAD, JIM
Address: 11486 W. CLUBVIEW DRIVE
City-St-Zip: HOMOSASSA, FL 34448

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: NANCY E. HILL

T

04/18/2010

Electronic Signature of Signing Officer or Director

Date