

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741033

FILED  
Mar 02, 2012  
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:** 59-2746213

**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:**

RODGERS, JOHNNIE K  
11490 W CLUBVIEW DR  
HOMOSASSA, FL 34448 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:** JIM KOLSTAD

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RODGERS, JOHNNIE K  
**Address:** 11490 W CLUBVIEW DR  
**City-St-Zip:** HOMOSASSA, FL 34448

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

**Title:** S  
**Name:** MINEAR, GLORIA  
**Address:** 11511 W RIVERHAVEN DR  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** T  
**Name:** KOLSTAD, JIM  
**Address:** 11486 RIVERHAVEN DR  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** D  
**Name:** ALSDURF, MARGARET  
**Address:** 11436 W CLUBVIEW DR  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** D  
**Name:** HILGER, EARL  
**Address:** 11639 W RIVERHAVEN DR  
**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:** JIM KOLSTAD

VP

03/02/2012

Electronic Signature of Signing Officer or Director

Date