

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750011

FILED
Apr 22, 2009
Secretary of State

Entity Name: SHADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12904 KELLYWOOD CIRCLE
HUDSON, FL 34669 US

New Principal Place of Business:

12919 KELLYWOOD CIRCLE
HUDSON, FL 34669 US

Current Mailing Address:

P. O. BOX 5391
BAYNET POINT, FL 34674 US

New Mailing Address:

FEI Number: 59-2188335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAY, CEDRIC P
12300 U.S. HWY. 19 N.
HUDSON, FL 34667 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 () Delete
Name: WISE, LARRY
Address: 12969 KELLYWOOD CIR
City-St-Zip: HUDSON, FL 34669

Title: V () Delete
Name: PAEPLOW, DON
Address: 12928 KELLYWOOD CIRCLE
City-St-Zip: HUDSON, FL 34669

Title: ST () Delete
Name: COTE, DAYNE
Address: 12904 KELLYWOOD CIRCLE
City-St-Zip: HUDSON, FL 34669

Title: O () Delete
Name: LETTIER, JOSEPHINE
Address: 12820 WATERBURY AVE
City-St-Zip: HUDSON, FL 34669

Title: O (X) Delete
Name: PACHECO, ELAINE
Address: 12635 CEDAR RIDGE DRIVE
City-St-Zip: HUDSON, FL 34669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WISE, REO
Address: 12919 KELLYWOOD CIR
City-St-Zip: HUDSON, FL 34669

Title: VP (X) Change () Addition
Name: LETTIERI, JOSEPHINE
Address: 12820 WATERBURY AVE.
City-St-Zip: HUDSON, FL 34669

Title: S (X) Change () Addition
Name: PACHECO, ELAINE
Address: 12635 CEDAR RIDGE DR.
City-St-Zip: HUDSON, FL 34669

Title: T (X) Change () Addition
Name: KNUDSEN, PATRICIA
Address: 12634 SKIPPER LN.
City-St-Zip: HUDSON, FL 34669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REO WISE

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date