

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757964

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: SHADOW WOOD VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 77-1722  
CORAL SPRINGS, FL 330771722 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 77-1722  
CORAL SPRINGS, FL 330771722 US

**New Mailing Address:**

FEI Number: 59-2145889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORTONATO, MICHAEL  
9600 SHADOW WOOD CT.  
CORAL SPRINGS, FL 33071 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: MD ( ) Delete  
Name: EPSTEIN, RORY  
Address: 9584 SHADOW WOOD LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete  
Name: GRILLO, NOEL  
Address: 9501 SHADOW WOOD LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete  
Name: FORTUNATO, MICHAEL  
Address: 9600 SHADOW WOOD COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL FORTUNATO

VPD

03/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date