## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757964** 

FILED Mar 18, 2009 Secretary of State

Entity Name: SHADOW WOOD VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9501 SHADOW WOOD LANE CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

P O BOX 77-1722 9501 SHADOW WOOD LANE CORAL SPRINGS, FL 330771722 US CORAL SPRINGS, FL 33071 US

FEI Number: 59-2145889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FORTUNATO, MICHAEL
9600 SHADOW WOOD CT.
CORAL SPRINGS, FL 33071 US
GRILLO, NOEL
9501 SHADOW WOOD LANE
CORAL SPRINGS, FL 33071 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: NOEL GRILLO 03/18/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: MD () Delete Title: MD (X) Change () Addition

Name:EPSTEIN, RORYName:RUDNICK, ALANAddress:9584 SHADOW WOOD LANEAddress:346 SHADOW WOOD LANE

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRILLO, NOEL
 Name:

 Address:
 9501 SHADOW WOOD LANE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: FORTUNATO, MICHAEL Name: DUTTON, BRANT

Address: 9600 SHADOW WOOD COURT Address: 481 SHADOW WOOD LANE City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

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: ALAN RUDNICK MD 03/18/2009