

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758659

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BENCHMARK PROP. MGT.  
7932 WILES RD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BENCHMARK PROP. MGT.  
7932 WILES RD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-0030655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBERT KAYE & ASSOCIATES, P.A.  
6261 NW 6TH WAY  
SUITE 103  
FT. LAUDERDALE, FL 33309 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: HEWITT, SUSAN  
Address: 8500 SHADOW COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: JUST, CHESTER  
Address: 8501 SHADOW CT.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: BASTOS, ANDREA  
Address: 8452 SHADOW COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: LECLAIR, LISA  
Address: 5459 SHADOW COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: HAWKINS, JANE  
Address: 8559 SHADOW 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:

Title: S (X) Change ( ) Addition  
Name: LECLAIR, LISA  
Address: 5459 SHADOW COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T (X) Change ( ) Addition  
Name: HAWKINS, JANE  
Address: 8559 SHADOW COURT  
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: SUSAN HEWITT

P

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date