

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001611

FILED
Jan 17, 2009
Secretary of State

Entity Name: SHADOW WOOD COUNTRY CLUB, INC

Current Principal Place of Business:

22801 OAKWILDE BLVD
BONITA SPRINGS,, FL 34135

New Principal Place of Business:

Current Mailing Address:

6901 MISTY LAKE COURT
FORT MYERS, FL 33908

New Mailing Address:

6901 MISTY LAKE COURT
FORT MYERS, FL 33908 US

FEI Number: 11-3774878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITTS, WILLIAM
6901 MISTY LAKE COURT
FORT MYERS, FL 33908 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: PD () Delete
Name: ENGLISH, DAVID
Address: 22251 KENWOOD ISLE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: BATES, NICHOLAS
Address: 9165 HOLLOW PINE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: PRITTS, WILLIAM
Address: 6901 MISTY LAKE CT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: KOSTELC, RAYMOND
Address: 22050 SHALLOWATER LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: NICOLETTI, ART
Address: 10104 IDLE PINE LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PRITTS, WILLIAM
Address: 6901 MISTY LAKE CT
City-St-Zip: FORT MYERS, FL 33908

Title: TD (X) Change () Addition
Name: KOSTELC, RAYMOND
Address: 22050 SHALLOWATER LANE
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D () Change (X) Addition
Name: CRAWFORD, ROLLAND
Address: 23037 SHADY KNOLL DR
City-St-Zip: BONITA SPRINGS, FL 34135

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: WILLIAM PRITTS

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date