

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28213

FILED
Feb 19, 2009
Secretary of State

Entity Name: SHADOWWOOD PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6475 SEA WOLF CT
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

4730 11TH AVE SW
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-0071617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAPALAN, H CHARLES
4730 11TH AVENUE SW
NAPLES, FL 34116 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: VTD () Delete
Name: TAPALIAN, GERALDINE, B.
Address: PO BOX 6684
City-St-Zip: PROVIDENCE, RI 02940

Title: PSD () Delete
Name: TAPALIAN, H. CHARLES,
Address: 4730 11TH AVENUE SW
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BENNETT, LORI
Address: 4730 11TH AVE SW
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: TAPALIAN, DAVID
Address: 44 DAVIS ST P O BOX 39
City-St-Zip: SEEKONK, MA

Title: D () Delete
Name: TAPALIAN, RICHARD
Address: 44 DAVIS ST P O BOX 39
City-St-Zip: SEEKONK, MA

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: () 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 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: LORI BENENTT

D

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date