2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N28393

Entity Name: TRACT B OF SHADOWWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4164 SKYWAY DR
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

4164 SKYWAY DR
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-2952080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EPPERLY, JOY
4164 SKYWAY DR
NAPLES, FL 34112 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: D ( ) Delete
Name: HANCOCK, DAVID
Address: 4212 SKYWAY DR.
City-St-Zip: NAPLES, FL 34112 US

Title: TD ( ) Delete
Name: EPPERLY, JR
Address: 4164 SKYWAY DR
City-St-Zip: NAPLES, FL 34112 US

Title: S ( ) Delete
Name: STONE, BARBARA
Address: 4182 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: MINCIELI, JOHN
Address: 4188 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ROBERTS, BILL
Address: 4096 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BISCORNET, BRUCE
Address: 4176 SKYWAY DR.
City-St-Zip: NAPLES, FL 34112 US

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: VPD (X) Change ( ) Addition
Name: ROBERTS, BILL
Address: 4096 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

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: JR EPPERLY DT 01/29/2009

Electronic Signature of Signing Officer or Director — Date