2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2010
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: VPD
Name: BISCORNET, BRUCE/SANDY
Address: 4176 SKYWAY DR.
City-St-Zip: NAPLES, FL 34112 US

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

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

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

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

Title: D
Name: GRAFTON, SONIA
Address: 4218 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: JR EPPERLY TD 01/25/2010

Electronic Signature of Signing Officer or Director Date