2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28393

FILED Jan 06, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4164 SKYWAY DR

NAPLES, FL 34112 US

Current Mailing Address: New Mailing Address:

4164 SKYWAY DR

NAPLES, FL 34112 US

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

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

EPPERLY, JOY 4164 SKYWAY DR NAPLES EL 34112

NAPLES, FL 34112 US

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 Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD

Name: BISCORNET, BRUCE 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: BISCORNET, SANDY Address: 4176 SKYWAY DR City-St-Zip: NAPLES, FL 34112

Title: PD

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

Title:

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

Title:

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 T 01/06/2011