

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004473

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHADOWLAWN ASSOCIATION, INC.

Current Principal Place of Business:

3805 THE LORD'S WAY
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

3805 THE LORD'S WAY
NAPLES, FL 34114 US

New Mailing Address:

FEI Number: 65-0570201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALLORY, REBECCA
3805 THE LORD'S WAY
NAPLES, FL 34114 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: MALLORY, REBECCA
Address: 3805 THE LORD'S WAY
City-St-Zip: NAPLES, FL 34114

Title: STD () Delete
Name: MALLORY, JAMES JR
Address: 6267 ADKINS AVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: HERNANDEZ, HERMES
Address: 4540 25TH CT SW
City-St-Zip: NAPLES, FL 34116

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:

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: REBECCA MALLORY

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date