

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90021 050 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                     |                                                                                                                                  |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000005874</b><br>1. Entity Name<br>SHADOW WOODS NEIGHBORHOOD ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                     |                                                 |                                                                              |
| Principal Place of Business<br>4000 OLD DIXIE HIGHWAY<br>ORMOND BEACH, FL 32174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     | Mailing Address<br>4000 OLD DIXIE HIGHWAY<br>ORMOND BEACH, FL 32174 |                                                                                                                                  |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                           |                                                                                                                                  |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     | City & State                                                        |                                                                                                                                  |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country                                                                             |                                                                     | Zip                                                                                                                              |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Country                                                                             |                                                                     | 4. FEI Number<br>59-3302806                                                                                                      |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     |                                                                     | Applied For<br>Not Applicable                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>PELLETT, DAVID A<br>3220 GALT Y CIRCLE<br>ORMOND BEACH, FL 32174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                     |                                                                     |                                                                                                                                  |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     |                                                                     |                                                                                                                                  |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                     | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                           |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                     |                                                                     |                                                                                                                                  |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>PELETT, DAVID A<br>3220 GALT Y CIRCLE<br>ORMOND BEACH, FL 32174  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | D<br>JOHN LOISELLE<br>3389 GLENSHANE WAY<br>ORMOND BEACH, FL 32174                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>LAING, JAMES<br>3301 GLEN SHANE<br>ORMOND BEACH, FL 32174         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | D<br>THOMAS DECKER<br>1304 RUNNABY CANE<br>ORMOND BEACH, FL 32174                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>BRONICH GEIRGANN<br>3206 LIGNSTER CIR.<br>ORMOND BEACH, FL 32174  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | GEORGEANN<br>LIGNSTER                                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>JOHNSON, JOHN<br>3319 NEWBLISS CIR<br>ORMOND BEACH, FL 32174      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | D<br>WILLIAM HOPSON<br>3203 GALT Y CIRCLE<br>ORMOND BEACH, FL 32174                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>LOESCH, RICHARD<br>1324 MUNSTER CIRCLE<br>ORMOND BEACH, FL 32174 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>FERRANTE, PAT<br>3334 GLENSHANE<br>ORMOND BEACH, FL 32174        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                        |                                                                                     |                                                                     |                                                                                                                                  |                                                                              |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                     | 4/3/06 (386) 673-8241<br>Date Daytime Phone #                       |                                                                                                                                  |                                                                              |