

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005874

FILED
Mar 11, 2009
Secretary of State

Entity Name: SHADOW WOODS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4000 OLD DIXIE HIGHWAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4000 OLD DIXIE HIGHWAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3302806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLETT, DAVID A
3220 GALT CIRCLE
ORMOND BEACH, FL 32174 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: PELLETT, DAVID A
Address: 3220 GALT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: LAING, JAMES
Address: 3301 GLEN SHANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: BRONICH, GEORGEANN
Address: 3206 LIENSTER CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: HOPSON, WILLIAM
Address: 3203 GALT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: LOESCH, RICHARD
Address: 1324 MUNSTER CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SCHIAVONE, EUGENE
Address: 3346 GLENSHANE WAY
City-St-Zip: ORMOND BEACH, FL 32174

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:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: GENE SCHIAVONE

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date