

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005874

FILED  
Mar 29, 2010  
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:**

P.O. BOX 2543  
ORMOND BEACH, FL 32175

**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:**

SCHIAVONE, GENE  
3346 GLENSHANE WAY  
ORMOND BEACH, FL 32174 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: GENE SCHIAVONE

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: GENE SCHIAVONE

MGR

03/29/2010

Electronic Signature of Signing Officer or Director

Date