2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N94000005874

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:

P.O. BOX 2543
ORMOND BEACH, FL 32175

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:

SCHIAVONE, GENE
3346 GLENSHANE WAY
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
Name: PELLETT, DAVID A
Address: 3220 GALTY 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 GALTY 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 RA 02/17/2011

Electronic Signature of Signing Officer or Director Date