2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005874

FILED Mar 07, 2012 Secretary of State

Entity Name: SHADOW WOODS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title:

Name: LAING, JAMES Address: 3301 GLEN SHANE

City-St-Zip: ORMOND BEACH, FL 32174

Title:

BRONICH, GEORGEANN Name: 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:

Name: AHERN, MARILYN 3332 NEWBLISS CITCLE Address: ORMOND BEACH, FL 32174 City-St-Zip:

Title:

MARSHALL, BRADLEY Name: Address: 3318 GLENSHANE WAY ORMOND BEACH, FL 32174 City-St-Zip:

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 **PRES** 03/07/2012