

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001478

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1719 TRADE CENTER WAY STE 4  
PO BOX 8478  
NAPLES, FL 34109 US

## New Principal Place of Business:

1719 TRADE CENTER WAY  
# 4  
NAPLES, FL 34109 US

## Current Mailing Address:

1719 TRADE CENTER WAY STE 4  
PO BOX 8478  
NAPLES, FL 34109 US

## New Mailing Address:

PO BOX 8478  
NAPLES, FL 34101 US

FEI Number: 65-0576425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, BRAD  
SANDCASTLE COMMUNITY MGMT, LLC  
1719 TRADE CENTER WAY, STE 4  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

WINKLER, NANCY  
SANDCASTLE COMMUNITY MGMT.  
1719 TRADE CENTER WAY, STE 4  
NAPLES, FL 34109 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: NANCY WINKLER

03/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: SIGL, BEA  
Address: 6266 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete  
Name: KARAFIAT, BOB  
Address: 6157 THRESHER DR  
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete  
Name: BARTELS, GIBBY  
Address: 6285 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: CLARK, JOHN  
Address: 6126 THRESSHER DR  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: KING, DARLENE  
Address: 6212 SHADOWWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: SIGL, BEA  
Address: 6266 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change ( ) Addition  
Name: KARAFIAT, BOB  
Address: 6157 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition  
Name: BARTELS, GIBBY  
Address: 6285 SHADOWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition  
Name: CLARK, JOHN  
Address: 6126 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: PD (X) Change ( ) Addition  
Name: DANIELS, PAUL  
Address: 6312 SHADOWWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34112

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: JOHN CLARK

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date