

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001478

FILED
Apr 10, 2012
Secretary of State

Entity Name: SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN PROPERTY MGMT SERVICES
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN PROPERTY MGMT SERVICES
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0576425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANAGEMENT
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 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: P
Name: FRASE, KRIS
Address: 6216 SHADOWOOD CR
City-St-Zip: NAPLES, FL 34112

Title: S
Name: BALL, VIRGINIA
Address: 6224 SHADOWOOD CR
City-St-Zip: NAPLES, FL 34112

Title: D
Name: LAUTH, MARTIN
Address: 6273 SHADOWOOD CR
City-St-Zip: NAPLES, FL 34112

Title: T
Name: DANIELS, PAUL
Address: 6312 SHADOWOOD CR
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: TENHOVER, GEORGE J
Address: 6212 SHADOWOOD CR
City-St-Zip: NAPLES, FL 34112

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: KRIS FRASE

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date