2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N98000000453

Entity Name: SHADOW WOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8000 HEALTH CENTER BOULEVARD
SUITE 202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

8000 HEALTH CENTER BOULEVARD
SUITE 202
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0811616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILBURN, SHERYL GM
8000 HEALTH CENTER BOULEVARD
SUITE 202
BONITA SPRINGS, FL 34135 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: DP ( ) Delete
Name: FURHOVDEN, TERRY
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: HYMAN, ROY
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST ( ) Delete
Name: PHILP, BRUCE
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV ( ) Delete
Name: PAQUETTE, MICHAEL
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: RZASKICKI, PETER
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: FURHOVDEN, TERRY
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: KOSTELC, RAYMOND
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition
Name: DICKENS, NANCEE
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP (X) Change ( ) Addition
Name: RZASNICKI, PETER
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

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: RAYMOND KOSTELC DST 02/23/2009

Electronic Signature of Signing Officer or Director — Date