

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000453

FILED
Jan 27, 2011
Secretary of State

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: DVP
Name: ACORN, LARRY
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: WOERNER, TED
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D
Name: WICKENS, WAYNE
Address: 8000 HEALTH CENTER BLVD - STE 202
City-St-Zip: BONITA SPRINGS, FL 34135

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

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: RAYMOND J KOSTELC

DST

01/27/2011

Electronic Signature of Signing Officer or Director

Date