

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90465 021 ****61.25

DOCUMENT # N99000005812

1. Entity Name

**SHADOW CREEK VILLAGE NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business

**5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463
US**

Mailing Address

**5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1034875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAMB, BRUCE R
CAMPBELL PROPERTY MGMT
5980 WINSTON TRAIL BLVD
LAKE WORTH FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T
NAME GREENSTEIN, GERALD
STREET ADDRESS 6364 SHADOWTREE LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

S
NAME MARTINENGO, SERGIO
STREET ADDRESS 6227 SHADOW TREE LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

D
NAME WEINER, PAUL
STREET ADDRESS 6425 SHADOW CREEK VILLAGE CIR
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

PD
NAME RUFFO, LOU
STREET ADDRESS 6359 SHADOW TREE LN.
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

V
NAME MARTIN, WALTER
STREET ADDRESS 6332 SHADOW TREE LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis J. Ruffo

4/11/06

(561) 433-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #