2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N99000005812

Entity Name: SHADOW CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5980 WINSTON TRAILS BLVD
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5980 WINSTON TRAILS BLVD
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-1034875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. JOHN CORE & LEMME
1601 FORUM PLACE STE 701
WEST PALM BEACH, FL 33401 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 ( ) Delete
Name: MARTIN, WALTER
Address: 6332 SHADOW TERR LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete
Name: WEINER, PAUL
Address: 6425 SHADOW CRK VLG CR
City-St-Zip: LAKE WORTH, FL 33463

Title: ST ( ) Delete
Name: DELEON, MARY
Address: 5980 WINSTON TRLS BLVD
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DELEON, MARY
Address: 6356 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP (X) Change ( ) Addition
Name: WEINER, PAUL
Address: 6425 SHADOW CRK VLG CR
City-St-Zip: LAKE WORTH, FL 33463 US

Title: ST (X) Change ( ) Addition
Name: DELEON, MARY
Address: 5980 WINSTON TRLS BLVD
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP ( ) Change (X) Addition
Name: AHLGRIM, MAUREEN
Address: 6360 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

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: MARY DELEON PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date