

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757964

Entity Name: SHADOW WOOD VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

450 SHADOW WOOD LANE
CORAL SPRINGS, FL 33071

Current Mailing Address:

P.O. BOX 77-1722
CORAL SPRINGS, FL 33077 US

FEI Number: 59-2145889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORTUNATO, MICHAEL
9600 SHADOW WOOD LANE
CORAL SPRINGS, FL 33071 US

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

Officer/Director Detail :

Title VPD
Name FORTUNATO, MICHAEL
Address 9600 SHADOW WOOD LN.
City-State-Zip: CORAL SPRINGS FL 33071

Title TREASURER
Name CULLEN, KAREN
Address 402 SHADOW WOOD LN.
City-State-Zip: CORAL SPRINGS, FL 33071

Title P
Name FORTUNATO, MICHAEL
Address 9600 SHADOW WOOD COURT
City-State-Zip: CORAL SPRINGS FL 33071

Title V
Name KOGON, JOEL
Address 481 SHADOW WOOD LANE
City-State-Zip: CORAL SPRINGS FL 33071

Title S
Name GELMAN, JANET
Address 9530 SHADOW WOOD LANE
City-State-Zip: CORAL SPRINGS FL 33071

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: JANET GELMAN

SECRETARY

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date