

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757964

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC0755167671**

**Entity Name:** SHADOW WOOD VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

450 SHADOW WOOD LANE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

450 SHADOW WOOD LANE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 59-2145889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARCIA, CARLOS M  
450 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:** CARLOS M. BARCIA

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name WILSON, BRENDA MRS.  
Address 426 SHADOW WOOD LN.  
City-State-Zip: CORAL SPRINGS FL 33071

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

Title TREASURER  
Name BARCIA, CARLOS M  
Address 450 SHADOW WOOD LN.  
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:** CARLOS M. BARCIA

TREASURER

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date