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: DOROTHY ARMSTRONG

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 757964

Entity Name: SHADOW WOOD VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

400 SHADOW WOOD LANE CORAL SPRINGS, FL 33071

Current Mailing Address:

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

FEI Number: 59-2145889

Name and Address of Current Registered Agent:

ARMSTRONG, DOROTHY 9584 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	: DOROTHY ARMSTRONG			02/02/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	TREASURER	
Name	ARMSTRONG, DOROTHY	Name	PORCARO, DONNA	
Address	9584 SHADOW WOOD LANE	Address	366 SHADOW WOOD LANE	
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS, FL 33071	
Title	VP	Title	S	
Name	BAKER, MICHAEL	Name	QUILES DE PENA, KATHERINI	E
Address	385 SHADOW WOOD LANE	Address	9510 SHADOW WOOD COURT	
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071	

Certificate of Status Desired: No

PRESIDENT

02/02/2024

FILED Feb 02, 2024 Secretary of State 9717504252CC

Date