

**2023 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

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02/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date