## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001485

Entity Name: SHADOW WOOD PRESERVE SANDALWOOD CONDOMINIUM

ASSOCIATION, INC.

FILED
Mar 28, 2024
Secretary of State
7840171745CC

## **Current Principal Place of Business:**

C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET CAPE CORAL, FL 33909

## **Current Mailing Address:**

C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET CAPE CORAL, FL 33909 US

FEI Number: 56-2321315 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET CAPE CORAL, FL 33909 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: LARRY KIRCHNER 03/28/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name GRUND, BARBARA Name KIRCHNER, LARRY

Address C/O COMPASS ROSE MANAGEMENT Address COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET 1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY Title DIRECTOR

Name BLECHER, KEN Name LAZIER, BONNIE

Address COMPASS ROSE MANAGEMENT Address C/O COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET 1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title TREASURER

Name MCMACHEN, KATHY

Address COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909

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: LARRY KIRCHNER PRESIDENT 03/28/2024