

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2021
Secretary of State
7004490733CC

Entity Name: SHADOW WOOD CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

10136 ORCHID RIDGE LANE
BONITA SPRINGS, FL 34135

Current Mailing Address:

24600 SOUTH TAMIAMI TRAIL, SUITE 212
PMB 162
BONITA SPRINGS, FL 34134 US

FEI Number: 38-3881140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, THOMAS BESQ.
KNOTT, EBELINI, HART
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 33901 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 TRUSTEE
Name LENTZ, WILLIAM B
Address 9815 BAY MEADOW
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE AND PRESIDENT
Name WILCOCK, TOD C
Address 9440 LAKEBEND PRESERVE COURT
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE AND SECRETARY
Name DEVITT, SUZANNE B
Address 23315 FOXBERRY LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name ACORN, LARRY
Address 23140 FOXBERRY LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name MCAULIFF, TIMOTHY M
Address 22330 BANYAN HIDEAWAY DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name NICOLETTI, SUSAN B
Address 10104 IDLE PINE LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name LAFORTE, MICHAEL J
Address 10216 IDLE PINE LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name YOUNG, LILLIAN M
Address 10041 GINGER POINTE COURT
City-State-Zip: BONITA SPRINGS FL 34135

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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: STEPHEN ZENTZ

TREASURER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name KALIL, FARRIS J
Address 22029 SYCAMORE GROVE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE
Name HEWINS, WILLIAM C
Address 23155 FOXBERRY LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE AND TREASURER
Name ZENTZ, STEPHEN
Address 10136 ORCHID RIDGE LANE
City-State-Zip: BONITA SPRINGS FL 34135