

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006178

**Entity Name:** SHADOW WOOD CHARITABLE FOUNDATION, INC.

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**4651837349CC**

**Current Principal Place of Business:**

9350 LAKEBEND PRESERVE DR.  
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:** Yes

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

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

Title TRUSTEE  
Name TIMMEL, DOUGLAS H.  
Address 22849 MOSSY TRAIL  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE, VP  
Name WELLS, NORMAN E JR.  
Address 10701 GLEN LAKES DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE, TREASURER  
Name GANZ, ERIC L.  
Address 9350 LAKEBEND PRESERVE COURT  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE  
Name DANKOFF, TRACY  
Address 22512 BAYCREST RIDGE DRIVE  
City-State-Zip: ESTERO FL 34135

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

Title TRUSTEE  
Name POPE, RENEE A.  
Address 9390 LAKEBEND PRESERVE COURT  
City-State-Zip: ESTERO FL 34135

**Continues on page 2**

*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:** ERIC GANZ

**TRUSTEE/TREASURER**

**03/03/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BELL, CLARK  
Address 23141 OAKGLEN LANE  
City-State-Zip: ESTERO FL 34135