

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006178

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC5628370306**

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

**Current Principal Place of Business:**

9815 BAY MEADOW  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

9815 BAY MEADOW  
BONITA SPRINGS, FL 34135

**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 AND PRESIDENT  
Name LENTZ, WILLIAM B  
Address 9815 BAY MEADOW  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE  
Name COURTNEY, DAVID W  
Address 22331 BANYAN HIDEAWAY DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE AND TREASURER  
Name HOBERT, JR., CHESTER A  
Address 23132 FOXBERRY LANE  
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 22101 RESERVE ESTATES DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TRUSTEE  
Name LANE, JERRY R  
Address 10104 ORCHID RIDGE LANE  
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 WOERNER, THEODORE P  
Address 9597 CYPRESS HAMMOCK, #102  
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: CHESTER A.HOBERT, JR.**

**TREASURER**

**01/12/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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