

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000006178

Entity Name: SHADOW WOOD CHARITABLE FOUNDATION, INC.

FILED
Apr 12, 2019
Secretary of State
5796727945CC

Current Principal Place of Business:

9815 BAY MEADOW
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 ASSISTANT
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 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

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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.

04/12/2019

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

Title TRUSTEE AND TREASURER
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