

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006178

Entity Name: SHADOW WOOD CHARITABLE FOUNDATION, INC.

FILED
Apr 16, 2013
Secretary of State
CC8189304038

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.

**TRUSTEE AND
TREASURER**

04/16/2013

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