

**Owner/Applicant Signature Authorization**

**Project Name:** Shadow Wood Country Club

**Application and/or Permit # (if available):** 36-00288-S-02

I hereby designate and authorize the agent listed below to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish on request supplemental information in support of this application. In addition, I authorize the below-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization.

I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S. and 18 U.S.C Section 1001.

**Printed Name of Authorized Agent:** Agnoli, Barber & Brundage, Inc.

**Signature of Authorized Agent:** 

**Date:** 3/8/21

**Typed/Printed Name of Owner/Applicant:** RICHARD CELIBERTI

**Corporate Title if Applicable:** SECRETARY

**Signature of Owner/Applicant:** 

**Date:** 3/8/21

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT****FILED**

DOCUMENT# N06000001611

**Jan 11, 2021****Entity Name:** SHADOW WOOD COUNTRY CLUB, INC**Secretary of State**  
**2075442146CC****Current Principal Place of Business:**22801 OAKWILDE BLVD  
BONITA SPRINGS,, FL 34135**Current Mailing Address:**22801 OAKWILDE BLVD  
BONITA SPRINGS,, FL 34135**FEI Number:** 11-3774878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTOLEC, BRIAN  
22801 OAKWILDE BLVD  
BONITA SPRINGS, FL 34135 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:** BRIAN BARTOLEC**01/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	RICHARD, CELIBERTI
Address	10073 ORCHID RIDGE LANE
City-State-Zip:	ESTERO FL 34135
Title	PRESIDENT
Name	FORBES, TIMOTHY
Address	18210 CREEKSIDE VIEW DRIVE
City-State-Zip:	FORT MYERS FL 33908
Title	DIRECTOR
Name	HUEY, JUDITH
Address	9261 PALMETTO RIDGE DRIVE 202
City-State-Zip:	ESTERO FL 34135
Title	DIRECTOR
Name	DEMOTT, THOMAS
Address	22956 SHADY KNOLL DRIVE
City-State-Zip:	ESTERO FL 34135

Title	TREA
Name	WATCHMAKER, KENNETH
Address	9550 LAKEBEND PRESERVE COURT
City-State-Zip:	ESTERO FL 34135
Title	VP
Name	ANTONELLI, RICHARD
Address	10342 AUTUMN BREEZE DRIVE 201
City-State-Zip:	ESTERO FL 34135
Title	DIRECTOR
Name	VOTTA, GERALD
Address	10041 NORTHRIDGE COURT
City-State-Zip:	ESTERO FL 34135
Title	DIRECTOR
Name	BUTLER, RICHARD
Address	10670 WINTERCRESS DRIVE
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:** TIMOTHY FORBES**PRESIDENT****01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NERO, ROBERT  
Address        9351 LAKEBEND PRESERVE COURT  
City-State-Zip: ESTERO FL 34135