


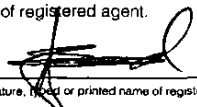
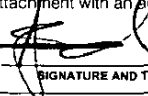
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90083 024 ****61.25

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DOCUMENT # N02000001557			
1. Entity Name SHADOW WOOD PRESERVE BAY WOODS NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 8430 ENTERPRISE CIR., SUITE 100 BRADENTON, FL 34202-4108		Mailing Address 8430 ENTERPRISE CIR., SUITE 100 BRADENTON, FL 34202-4108	
2. Principal Place of Business - No P.O. Box # 27800 OLD 41 ROAD		3. Mailing Address 27800 OLD 41 ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
4. FEI Number 56-2321301		Applied For Not Applicable	
Zip 34135	Country USA	Zip 34135	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472		Name STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 RD. City BONITA SPRINGS FL Zip Code 34135	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  ANTHONY SHEFFERD		DATE 3/30/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANIEL SAWATZKY 18900 BAY WOODS LAKE DR. #101 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITMORE, JAMES A 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 342022472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MICHAEL PERRY 18921 BAY WOODS LAKE DR. #201 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, ALAN B 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 342024108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS THOMAS SCOVILLE 7070 BAY WOODS LAKE CT. #202 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FICHTER, THOMAS 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 342024108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, ANN S 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  ANTHONY SHEFFERD		PROPERTY MANAGER 4/11/07 239-947-4552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	