
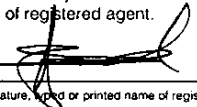
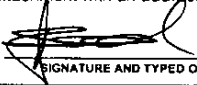


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90032 012 \*\*\*\*61.25

DOCUMENT # N02000001557					
1. Entity Name SHADOW WOOD PRESERVE BAY WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41ST ROAD BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41ST ROAD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DRIVE		3. Mailing Address 27180 BAY LANDING DRIVE			
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc. SUITE 4			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		01242008 Chg-NP CR2E037 (12/06)	
Zip 34135		Country USA		4. FEI Number 56-2321301	
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 STERING PROPERTY SRVICES 27800 OLD 41ST RD BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 27180 BAY LANDING DRIVE SUITE 4		
			City BONITA SPRINGS		FL
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 PROPERTY MGR		DATE 2/14/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	DP SAWATZKY, DANIEL 18900 BAY WOODS LAKE DR. 101 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SORGI, JOSEPH 18911 BAY WOODS LAKE DR. # 203 FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERRY, MICHAEL 18921 BAY WOODS LAKE DR #201 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUNDQUIST, PAUL 18920 BAY WOODS LAKE DR. # 202 FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SCOVILLE, THOMAS 7070 BAYWOODS LAKE CT #202 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAVIN, JOHN 18920 BAY WOODS LAKE DR. # 102 FORT MYERS, FL 33908	<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	DS PAUWELS, JOANN 7060 BAY WOODS LAKE CT. # 101 FORT MYERS, FL 33908	<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
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, PROP. MGR		DATE: 2/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	