

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001557

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** SHADOW WOOD PRESERVE BAY WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

27180 BAY LANDING DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

27180 BAY LANDING DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 US

FEI Number: 56-2321301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STERING PROPERTY SRVICES  
27180 BAY LANDINGS DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR  
SUITE 4  
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: JOHN O'GORMAN

04/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SAWATZKY, DANIEL  
Address: 18900 BAY WOODS LAKE DR. 101  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: SUNDQUIST, PAUL  
Address: 18920 BAY WOODS LAKE DR. #202  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: FLAVIN, JOHN  
Address: 1592 BAYWOODS LAKE DR. #102  
City-St-Zip: FORT MYERS, FL 33908

Title: DS  
Name: JOANN, PAUWELS  
Address: 7060 BAY WOODS LAKE CT. #101  
City-St-Zip: FORT MYERS, FL 33908

Title: DT  
Name: SORGI, JOSEPH  
Address: 18911 BAYWOODS LAKE DR. #203  
City-St-Zip: FORT MYERS, FL 33908

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: DANIEL SAWATZKY

DP

04/16/2010

Electronic Signature of Signing Officer or Director

Date