

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 26, 2004
Secretary of State**

DOCUMENT# N02000009307

Entity Name: NORTHRIDGE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

27300 RIVERVIEW CENTER BLVD STE 201
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27300 RIVERVIEW CENTER BLVD STE 201
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 22-3888990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BACHMAN, ROBERT
27300 RIVERVIEW CENTER BLVD STE 201
BONITA SPRINGS, FL 34134

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCGARVEY, JOHN S
Address: 27300 RIVERVIEW CENTER BLVD STE 201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV () Delete
Name: GERNER, DANIEL F
Address: 27300 RIVERVIEW CENTER BLVD STE 201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST () Delete
Name: D'ANGELO, ROBERT W
Address: 27300 RIVERVIEW CENTER BLVD STE 201
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN S. MCGARVEY

DP

01/26/2004

Electronic Signature of Signing Officer or Director

Date