

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

FILED

06 JAN 30 PM 2:56

DOCUMENT # N02000009307  
 1. Entity Name  
 NORTHRIDGE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business  
 27300 RIVERVIEW CENTER BLVD STE 201  
 BONITA SPRINGS, FL 34134

Mailing Address  
 27300 RIVERVIEW CENTER BLVD STE 201  
 BONITA SPRINGS, FL 34134

REINSTATEMENT 05-06



2. Principal Place of Business  
 90 STERLING PROPERTY SERV.  
 Suite, Apt. #, etc.  
 27800 Old 41 Road  
 City & State  
 BONITA SPRINGS, FL  
 Zip  
 34135  
 Country  
 LEE

3. Mailing Address  
 90 STERLING PROP. SERV.  
 Suite, Apt. #, etc.  
 27800 Old 41 Road  
 City & State  
 BONITA SPRINGS, FL  
 Zip  
 34135  
 Country  
 LEE

01132006 REIN-NP CR2E099 (11/05)

4. FEI Number  
 22-3888990  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BACHMAN, ROBERT  
 27300 RIVERVIEW CENTER BLVD STE 201  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
 Name STERLING PROPERTY SERVICES, LLC  
 Street Address (P.O. Box Number is Not Acceptable)  
 27800 OLD 41 ROAD  
 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 John O'Gorman FOR STERLING PROPERTY SERV. 1/13/06  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

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 MCGARVEY, JOHN S 27300 RIVERVIEW CENTER BLVD STE 201 BONITA SPRINGS, FL 34134 <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	DV GERNER, DANIEL F 27300 RIVERVIEW CENTER BLVD STE 201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500065151475 02/03/06--01010--001 **\$297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST D'ANGELO, ROBERT W 27300 RIVERVIEW CENTER BLVD STE 201 BONITA SPRINGS, FL 34134 <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
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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: John O'Gorman 1/13/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #