



**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

06 MAR 24 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00042503

DOCUMENT # N02000009307					
1. Entity Name NORTHRIDGE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business C/O STERLING PROPERTY SERV. 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		Mailing Address C/O STERLING PROPERTY SERV. 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3888990	
				Applied For Not Applicable	
				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		
STERLING PROPERTY SERV. 27800 OLD 41 RD. BONITA SPRINGS, FL 34135			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$81.25		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, JOHN S		NAME	PATRICK EGAN	
STREET ADDRESS	27300 RIVERVIEW CENTER BLVD STE 201		STREET ADDRESS	10100 NORTHRIDGE COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERNER, DANIEL F		NAME	GARY ARNOLD	
STREET ADDRESS	27300 RIVERVIEW CENTER BLVD STE 201		STREET ADDRESS	10021 NORTHRIDGE COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, ROBERT W		NAME	LEN MARELLA	
STREET ADDRESS	27300 RIVERVIEW CENTER BLVD STE 201		STREET ADDRESS	10190 NORTHRIDGE COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRING, FL 34135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				2/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	