


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

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90068 050 \*\*\*\*61.25

**DOCUMENT # N02000009307**

1. Entity Name  
 NORTHTRIDGE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business  
 C/O STERLING PROPERTY SERV.  
~~27000 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 - No P.O. Box #  
**27180 BAY LANDING DR.**  
 Suite, Apt. #, etc.  
**Suite 4**

3. Mailing Address  
**27180 BAY LANDING DR.**  
 Suite, Apt. #, etc.  
**Suite 4**

City & State  
 Zip Country



01242008 Chg-NP CR2E037 (12/06)

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

STERLING PROPERTY SERV.  
~~27000 OLD 41 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 DR. Suite 4**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 MARELLA, LEN 10170 NORTHTRIDGE COURT BONITA SPRINGS, FL 34135 <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	DVP ALLEMONE, DAVID 10031 NORTHTRIDGE COURT BONITA SPRINGS, FL 34135 <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	DST VOTTA, GERALD 10041 NORTHTRIDGE COURT BONITA SPRINGS, FL 34135 <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: Qederick Williams as agent 2/25/08 239 947-4552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #