2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 31, 2003 8:00 am Secretary of State

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02-17-2003 90196 024 ****61.25

1. Entity Name NO200009307 NORTHRIDGE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.											
Principal Place of Business			Malling Add	Malling Address			1				
27300 RIVERVIEW CENTER BLVD STE 201 BONITA SPRINGS FL 34134				27300 RIVERVIEW CENTER BLVD STE 201 BONITA SPRINGS FL 34134			 	ålno plakli åldelja aklist adlint dann	. Rosen enlen sekle o	a rr 186 1 186 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			ים [CHECK HERE IF MAKI	NG CHANGES			
City & State			City & State				4. FEI Number Applied For Applied For Not Applicable				}
Zip	Zip Country		Zip		Country		5. Certificate of Status Desired \$8.75 Additive Fee Required				
	6. Name	and Address of Current	Registered Age				7. Name and Add	reas of New Registers	d Agent -]
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BACHMAN, ROBERT 27300 RIVERVIEW CENTER BLVD STE 201					Stre	et Address ((P.O. Box Number is I	Not Acceptable)			
BONITA	SPRINGS F	L 34134 ₍]
					City	1		F	L Zip Coc	ie .	
	tions of regist	y submits this statement for ered agent. or printed name of registered agent.	·				red agent, or both, in			and accept	
			OF ICH HOST IN BUT PACIFICATION.	(NU/E)	Hegistered Agent s	ejõustinu tednited	when rainstaling)	DATE	•		1
		: FEE IS \$61.25	. 1	Election Camp Trust Fund Co	palgn Financi		\$5.00 May Be Added to Fees	, .	ck Payable		
10.			9.	Election Camp	palgn Financi	ng 🗆	\$5.00 May Be Added to Fees	Make Che	eck Payable artment of	State	
 	FILE NOW	: FEE IS \$61.25	9. RECTORS	Election Camp	palgn Financi ontribution.	ng 🗆	\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of	State	1/02)
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I hereby certify that the information supplied with this filing does not quality 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 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.

DGNASURE REQUIRED