

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2006
Secretary of State**

DOCUMENT# N99000003911

Entity Name: GINGER POINTE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
BONITA SPINGS, FL 34134

New Mailing Address:

FEI Number: 65-0949579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
#207
BONTIA SPRINGS, FL 34134 US

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: P () Delete
Name: LEWIS, GREG
Address: 1024 GINGER PT. CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: HENNEBERRY, PAUL
Address: 10112 GINGER POINTE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: YOUNG, LILLIAN
Address: 10041 GINGER PT. CT.
City-St-Zip: BONITA SPRINGS, FL 34135

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 Chapter 119, 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: GREG LEWIS

P

01/27/2006

Electronic Signature of Signing Officer or Director

_____ Date