

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003911

FILED
Mar 17, 2007
Secretary of State

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:

BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

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

New Mailing Address:

BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPINGS, FL 34135

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:

BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONTIA SPRINGS, FL 34135 US

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: ROBERT R RAUBOLT

03/17/2007

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: PD (X) Change () Addition
Name: LEWIS, GREG
Address: 1024 GINGER PT. CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD (X) Change () Addition
Name: HENNEBERRY, PAUL
Address: 10112 GINGER POINTE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change () Addition
Name: YOUNG, LILLIAN
Address: 10041 GINGER PT. CT.
City-St-Zip: BONITA SPRINGS, FL 34135

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

PD

03/17/2007

Electronic Signature of Signing Officer or Director

Date