


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 038 ****61.25

DOCUMENT # N99000003911					
1. Entity Name GINGER POINTE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business % GULF BREEZE MANAGEMENT SERVICES OF SW FL 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135		Mailing Address % GULF BREEZE MANAGEMENT SERVICES OF SW FL 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0949579	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEIDNER, RALPH L CAM %GULF BREEZE MANAGEMENT SERVICES OF SW FL 8910 TERRENE COURT, SUITE 200 BONTIA SPRINGS, FL 34135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, GREG	NAME			
STREET ADDRESS	1024 GINGER PT. CT.	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HENNEBERRY, PAUL	NAME	Landino, Michael		
STREET ADDRESS	10112 GINGER POINTE CT	STREET ADDRESS	10121 Ginger Pointe Ct.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, LILLIAN	NAME			
STREET ADDRESS	10041 GINGER PT. CT.	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
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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: <i>[Signature]</i>		Date: 3/6/08		Daytime Phone #: 239-287-1158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # VD	

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01032008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0949579** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEIDNER, RALPH L CAM
%GULF BREEZE MANAGEMENT SERVICES OF SW FL
8910 TERRENE COURT, SUITE 200
BONTIA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State **FL** Zip Code

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SIGNATURE: *[Signature]* Date: **3/6/08** Daytime Phone #: **239-287-1158**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **VD**