


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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90079 046 \*\*\*\*61.25

**DOCUMENT # N99000003911**

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



Principal Place of Business  
**SOUTHWEST PROPERTY MGMT  
1044 CASTELLO DR. -STE 206  
NAPLES FL 34116**

Mailing Address  
**SOUTHWEST PROPERTY MGMT  
1044 CASTELLO DR. -STE 206  
NAPLES FL 34116**

11007000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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  
**SOUTHWEST PROPERTY MGMT CORP.  
1044 CASTELLO SR  
#206  
NAPLES FL 34103**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, TIM	
STREET ADDRESS	12220 TOWNE LAKE DRIVE, SUITE 1	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, DON	
STREET ADDRESS	12220 TOWNE LAKE DRIVE, SUITE 1	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HAMMOND, CHRIS	
STREET ADDRESS	12220 TOWNE LAKE DRIVE, SUITE 1	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paquette, Michael	
STREET ADDRESS	10152 Ginger Pt. Ct.	
CITY-ST-ZIP	Bonita Spg., FL 34135	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Greg	
STREET ADDRESS	10024 Ginger Pt. Ct.	
CITY-ST-ZIP	Bonita Spg., FL 34135	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Lillian	
STREET ADDRESS	10041 Ginger Pt. Ct.	
CITY-ST-ZIP	Bonita Spg., FL 34135	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Socha, David	
STREET ADDRESS	10097 Ginger Pt. Ct.	
CITY-ST-ZIP	Bonita Spg., FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moir, Charles	
STREET ADDRESS	10073 Ginger Pt. Ct.	
CITY-ST-ZIP	Bonita Spg., FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: Michael Paquette 4/15/03 261-3440

CR2E037 (10/02)