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 all other like empowered.

PRESIDENT

SIGNATURE: GREGORY LEWIS

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA	NOT FOR PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# N99000003911

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

Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US

FEI Number: 65-0949579

Name and Address of Current Registered Agent:

WEIDNER, RALPH LCAM C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200 BONITA 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.

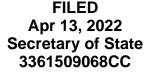
SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Name	LEWIS, GREGORY	Name	HOOKER, CREIGHTON R
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200	Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	SECRETARY, DIRECTOR		
Name	YOUNG, LILLIAN		
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200		
City-State-Zip:	BONITA SPRINGS FL 34135		

I hereby 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



Certificate of Status Desired: No

04/13/2022 Date

Date