

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 760252 1. Entity Name SHURWOOD GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 250 SE FOUR WINDS DR STUART, FL 34996 US				Mailing Address 250 SE FOUR WINDS DR STUART, FL 34996 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DOBBINS, KAREN 50 SE KINDRED STREET STE 107 STUART, FL 34994				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		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 VP NAME EGAN, WILLIAM STREET ADDRESS 200 SE FOUR WINDS DR. #110 CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE VP NAME PUCCIO, MICHELLE STREET ADDRESS 250 SE FOUR WINDS DR. #107 CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME KOSKI, JARMA STREET ADDRESS 200 SE FOUR WINDS DR., #116 CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME PATRICIA BARRAN STREET ADDRESS 250 SE FOUR WINDS DR. #104 CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME WEBSTER, JOHN STREET ADDRESS 200 SE FOUR WINDS DR., #113 CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete		TITLE TREAS NAME WEBSTER, JOHN STREET ADDRESS 200 SE FOUR WINDS DR #113 CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition RETAIN	
TITLE S NAME THERIEN, DEBRA STREET ADDRESS 200 SE FOUR WINDS DR., #116 CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE SEC. NAME ROB LYNN STREET ADDRESS 111 SANTIAGO DR #103 CITY-ST-ZIP WINTER FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP JOAN WAGNER 250 SE FOUR WINDS DR. #204 STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		800078976658 08/22/06--01017--004 ***61.25		
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: JOHN WEBSTER <i>John Webster</i> 8/15/06 772-215-0605					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012006 Chg-NP CR2E037 (4/06)

4. FEI Number **59-2216664** Applied For ☐ Not Applicable ☒

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

20 8/18