2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760252

FILED May 26, 2009 Secretary of State

Entity Name: SHURWOOD GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 250 SE FOUR WINDS DR STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 250 SE FOUR WINDS DR PO BOX 111 STUART, FL 34996 JENSEN BEACH, FL 34958 US FEI Number: 59-2216664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE L ESQ CORNETT, GOOGE & ASSOCIATES, P.A. 401 E. OSĆEOLA ST 1ST FL STUART, FL 34994 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PUCCIO. MICHELLE LYNN, ROBERT Name: Name: 250 SE FOUR WINDS DRIVE, #107 Address: 111 SANTIAGO DR # 103 Address: City-St-Zip: STUART, FL 34996 US City-St-Zip: JUPITER, FL 33458 US Title: Title: (X) Change () Addition () Delete BARAN, PATRICIA Name: BARAN, PATRICIA Name: Address: 250 SE FOUR WINDS DRIVE, #104 Address: 250 SE FOUR WINDS DRIVE. #104 City-St-Zip: STUART, FL 34996 US City-St-Zip: STUART, FL 34996 US Title: () Delete Title: () Change () Addition WEBSTER, JOHN Name: Name: 200 SE FOUR WINGSDR., #113 Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: () Delete (X) Change () Addition Title: Title: LYNN, BOB Name: Name: JAMES, MARGE 111 SANTIAGO DRIVE, #103 250 SE FOUR WINDS DR # 204 Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: STUART, FL 34996 US Title: (X) Delete Title: () Change () Addition WAGNER, JOAN Name: Name: 250 SE FOUR WINDS DRIVE, #204 Address: Address: City-St-Zip: STUART, FL 34996 US City-St-Zip: Title: (X) Delete Title: () Change () Addition WEBSTER, JOHN TD Name: Name: Address: 200 SE FOUR WINDS DR #113 Address: STUART, FL 34996 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA BARAN VP 05/26/2009