

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764735

FILED
Apr 03, 2008
Secretary of State

Entity Name: SHORE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2395861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FREESE, MICHAEL
Address: 64 4TH STREET #B-203
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: CORCORAN, JEANNE
Address: 64 4TH STREET #D-204
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: WALDSCHMIDT, ROLF
Address: 64 4TH ST #D108
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: RUZEVICH, ELLEN
Address: P O BOX 404
City-St-Zip: LIVINGSTON, IL, FL 62058

Title: D () Delete
Name: TOPPING, JOLENE
Address: 64 4TH STREET A-208
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BRADY, MIKE
Address: 64 4TH ST #A207
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALDSCHMIDT, ROLF
Address: 64 4TH STREET D108
City-St-Zip: BONITA SPRINGS, FL 34135

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: MIKE FREESE

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date