

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764735

FILED  
Mar 19, 2010  
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  
Name: FREESE, MICHAEL  
Address: 64 4TH STREET #B-203  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

Title: VPD  
Name: QUATRANO, ANNETTE  
Address: 64 FOURTH STREET #B105  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: HUGHES, ED  
Address: 64 4TH STREET C206  
City-St-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 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.

SIGNATURE: MIKE FREESE

PD

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date