


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90420 046 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000005956	
1. Entity Name <b>BISHOPWOOD WEST I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>BISHOPWOOD WEST I 3906 LOBLOLLY NAPLES, FL 34114</b>	Mailing Address <b>BISHOPWOOD WEST I 14275 SW 142 AVE MIAMI, FL 33186</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>Paradise Property mgmt</b> Suite, Apt. #, etc. <b>810 Anchor Rode Drive</b> City & State <b>Naples, FL</b> Zip <b>34103</b> Country <b>USA</b>	3. Mailing Address <b>Paradise Property Mgmt</b> Suite, Apt. #, etc. <b>810 Anchor Rode Drive</b> City & State <b>Naples, FL</b> Zip <b>34103</b> Country <b>USA</b>
---	---

40003000



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-1051468</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent <b>SHIELDS, CHRISTOPHER J ESQ 1833 HENDRY STREET FORT MYERS, FL 33901</b>	7. Name and Address of New Registered Agent Name <b>Jeannine Hedberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 Paradise Property Management</b> <b>810 Anchor Rode Drive</b> City <b>Naples</b> FL Zip Code <b>34103</b>
--	---

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 Jeannine Hedberg, CAM Jeannine Hedberg, CAM 4-26-2007  
Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOONE, THOMAS 3909 LOBLOLLY DR., #201 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President John Eichhorn 3909 Loblolly Bay Drive # 102 Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHR, KENT 3905 LOBLOLLY DR., #202 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Boone, Thomas 3909 Loblolly Bay Drive # 201 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARELICK, SUSAN 3914 LOBLOLLY DR. #101 NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Snow, Roy 3914 Loblolly Bay Drive # 102 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINMUTH, DENNIS 3913 LOBLOLLY DR., 101 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNOW, ROY 3914 LOBLOLLY DR., #102 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Jeannine Hedberg, CAM Jeannine Hedberg, CAM 4-26-07 (239) 430-0250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #