

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005956

FILED
Mar 20, 2009
Secretary of State

Entity Name: BISHOPWOOD WEST I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

CAMBRIDGE PROPERTY MGMT
2335 TAMIAMI TRAIL NORTH, STE.#402
NAPLES, FL 34103

Current Mailing Address:

C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Mailing Address:

CAMBRIDGE PROPERTY MGMT
2335 TAMIAMI TRAIL NORTH, STE.#402
NAPLES, FL 34103

FEI Number: 65-1051468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADE, JAMES
C/O PARADISE PROPERTY MANAGEMENT GROUP
802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEADE, JAMES
CAMBRIDGE PROPERTY MANAGEMENT
2335 TAMIAMI TRAIL NORTH, STE. #402
NAPLES, FL 34103 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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOONE, THOMAS
Address: 3909 LOBLOLLY BAY DRIVE #201
City-St-Zip: NAPLES, FL 34114

Title: V () Delete
Name: EICHHORN, JOHN
Address: 3909 LOBLOLLY BAY DRIVE #102
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: SNOW, ROY
Address: 3914 LOBLOLLY BAY DRIVE #102
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: REINMUTH, DENNIS
Address: 3913 LOBLOLLY BAY DR. #101
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: TOM BOONE

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date