2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# N01000005696

Entity Name: HAWTHORNE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 02-0592404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 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: ROBERT R RAUBOLT 01/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHARD, BOE
Address: 9017 WINDSUEPT DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD ( ) Delete
Name: ELLIOTT, JERRY
Address: 9102 WINDSWEPT DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: ROSSI, CATHY
Address: 9085 WINDSWEPT DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete
Name: COHEN, TED
Address: 9012 WINDSWEPT DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: GROSFIELD, ELIZABETH
Address: 9077 WINDSWEPT DR
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: ( ) 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: RICHARD BOE PD 01/27/2008
Electronic Signature of Signing Officer or Director Date