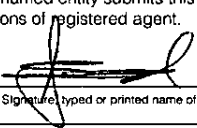
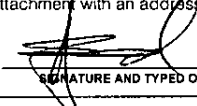


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 035 \*\*\*\*61.25

<b>DOCUMENT # N01000008908</b>					
<b>1. Entity Name</b> SHADOW WOOD PRESERVE COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135			<b>Mailing Address</b> 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business</b> 27800 OLD 41 RD		<b>3. Mailing Address</b> 27800 OLD 41 RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BONITA SPRINGS, FL		<b>City &amp; State</b> BONITA SPRINGS, FL		<b>4. FEI Number</b> 03-0375382	
<b>Zip</b> 34135		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GILKEY, DENNIS E 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name: <b>STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD City: <b>BONITA SPRINGS</b> <b>FL</b> <b>Zip Code</b> <b>34135</b>		
<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.</b>					
SIGNATURE:  <b>ANTHONY SHEFFERD (as Agent)</b> <span style="float: right;">4/25/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV GRAHAM, DAVID 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP GARN, JOEY 9990 COCONUT RD, STE 200 BONITA SPRINGS FL 34135 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP WIER, BILL 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PRITTS, WILLIAM 6901 MISTY LAKE COURT FORT MYERS FL 33908 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS SCHESTAG, HARVEY 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PETRARCA, WILLIAM 18191 PARKSIDE GREENS DRIVE FORT MYERS FL 33908 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>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.</b>					
<b>SIGNATURE:</b>  <b>ANTHONY SHEFFERD (as Agent)</b> <span style="float: right;">4/25/06 239-947-4552</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50019416



04252006 Chg-NP CR2E037 (11/05)