
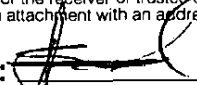


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90256 032 \*\*\*\*61.25

<b>DOCUMENT # N01000008908</b> 1. Entity Name <b>SHADOW WOOD PRESERVE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>27800 OLD 41 RD BONITA SPRINGS, FL 34135</b>			Mailing Address <b>27800 OLD 41 RD BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0375382</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARON, JOEY 9990 COCONUT RD SUITE 200 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITTS, WILLIAM 6901 MISTY LAKE CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHESTAG, HARVEY 9990 COCONUT RD, STE 200 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRARCA, WILLIAM 18191 PARKSIDE GREENS DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRARCA, WILLIAM 18191 PARKSIDE GREENS DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUSAN LODE 18670 CYPRESS HAVEN DR. FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP KEATING 18520 SANDALWOOD POINTE # 101 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAM PRITTS 6901 MISTY LAKE CT. FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAM PETRARCA 18191 PARKSIDE GREENS DR FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAM PETRARCA 18191 PARKSIDE GREENS DR FT. MYERS, FL 33908	<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.					
<b>SIGNATURE:</b> 		<b>ANTHONY SHEFFERD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PROPERTY MANAGER</b> Date: <b>4/11/07</b> Daytime Phone #: <b>239-947-4552</b>	