


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90073 034 \*\*\*\*61.25

<b>DOCUMENT # N01000008908</b>		
1. Entity Name SHADOW WOOD PRESERVE COMMUNITY ASSOCIATION, INC.		

**40074591**



Principal Place of Business <del>27800 OLD 41 RD</del> BONITA SPRINGS, FL 34135	Mailing Address <del>27800 OLD 41 RD</del> BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box # <i>27180 Bay Landing Dr.</i>	3. Mailing Address <i>27180 Bay Landing Dr.</i>
Suite, Apt. #, etc. <i>4</i>	Suite, Apt. #, etc. <i>4</i>
City & State	City & State
Zip	Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0375382		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		
STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) <i>27180 Bay Landing Dr. Ste 4</i>		
City		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 <i>[Signature]</i>	DATE <i>4/17/08</i>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYONS, DAVID 18251 PARKSIDE GREENS DR. FORT MYERS, FL 33908 <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	DT PRITTS, WILLIAM 6901 MISTY LAKE CT FORT MYERS, FL 33908 <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	DV LODE, SUSAN 18670 CYPRESS HAVEN DR FORT MYERS, FL 33908 <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	DS PETRARCA, WILLIAM 18191 PARKSIDE GREENS DR FORT MYERS, FL 33908 <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	D KEATING, PHILIP 18520 SANDALWOOD POINTE #101 FORT MYERS, FL 33908 <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: <i>[Signature]</i>	ANTHONY SHEFFERD PROP.MGR.	2/13/08	239-947-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #