
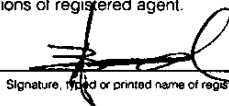
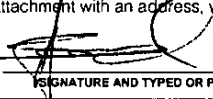


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90087 045 ****61.25

DOCUMENT # N02000001484					
1. Entity Name SHADOW WOOD PRESERVE BAY WOODS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 27800 OLD 41 ROAD		3. Mailing Address 27800 OLD 41 ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 56-2321304	
Zip 34135		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GELLES9, BOB C/O SCHOO MGMT 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name: STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD City: BONITA SPRINGS FL Zip Code: 34135		
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:  ANTHONY SHEFFERD 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SAWATZKY, DAN 18900 BAYWOODS LAKE DR 101 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SORGI, JOSEPH 18911 BAYWOODS LAKE DR 203 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DEPRISCO, RALPH 18900 BAYWOODS LAKE DR 103 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete TWIETMEYER, BETTY 18890 BAYWOODS LAKE DR 101 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEESEY, CHARLES 18900 BAYWOODS LAKE DR 203 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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:  ANTHONY SHEFFERD PROPERTY MANAGER 4/11/07 239-947-4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03122007 Chg-NP CR2E037 (12/06)