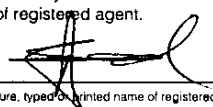
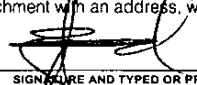


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90076 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                          |                                                                                                                                                                                    |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000001485</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                          |                                                                                                                                                                                    |  |  |
| <b>1. Entity Name</b><br>SHADOW WOOD PRESERVE SANDALWOOD CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                          |                                                                                                                                                                                    |                                                                                   |  |
| <b>Principal Place of Business</b><br>27800 OLD 41ST RD<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                          | <b>Mailing Address</b><br>27800 OLD 41ST RD<br>BONITA SPRINGS, FL 34135                                                                                                            |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>3. Mailing Address</b>                                                                                                |                                                                                                                                                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Suite, Apt. #, etc.                                                                                                      |                                                                                                                                                                                    |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | City & State                                                                                                             |                                                                                                                                                                                    |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                    | Zip                                                                                                                      | Country                                                                                                                                                                            | <b>4. FEI Number</b><br>56-2321315                                                |  |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                          | <b>7. Name and Address of New Registered Agent</b>                                                                                                                                 |                                                                                   |  |
| STERLING PROPERTY SERVICES<br>27800 OLD 41ST RD<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                          | Name <b>STERLING PROPERTY SERVICES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>27180 BAY LANDING DR. SUITE 4</b><br>City <b>BONITA SPRINGS</b> FL <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 SHEPHERD</b>                                                                                                  |                                                                                                                                                                                    | <b>PROP. MGR.</b>                                                                 |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | (NOTE: Registered Agent signature required when reinstating)                                                             |                                                                                                                                                                                    | DATE <b>3/11/08</b>                                                               |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>                               |                                                                                                                                                                                    | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                             |                                                                                                                                                                                    |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><b>DS</b><br><b>ZUNGOLD, RONALD</b><br><b>18540 SANDALWOOD POINTE #202</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br><b>DP</b><br><b>DAVID GRAY</b><br><b>18510 SANDALWOOD PTE #101</b><br><b>FT. MYERS, FL 33908</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><b>DP</b><br><b>KEATING, PHIL</b><br><b>18520 SANDALWOOD PTE #101</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br><b>DS</b><br><b>ED KLEMPAY</b><br><b>18530 SANDALWOOD PTE #202</b><br><b>FT. MYERS, FL 33908</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><b>DT</b><br><b>GILBERTSON, TOM</b><br><b>1850 SANDALWOOD POINTE #201</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                                                                                                                    |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><b>DV</b><br><b>KRETH, GORDON</b><br><b>18570 SANDALWOOD PTE #202</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                                                                                                                    |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><b>D</b><br><b>GRAHAM, KIM</b><br><b>18590 SANDALWOOD POINTE #102</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                                                                                                                    |                                                                                   |  |
| <b>TITLE</b><br>NAME<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                                                                                                                    |                                                                                   |  |
| <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 SHEPHERD</b>                                                                                                  |                                                                                                                                                                                    | <b>PROP. MGR.</b>                                                                 |  |
| Signature and typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Date <b>2/13/08</b>                                                                                                      |                                                                                                                                                                                    | Daytime Phone # <b>239-947-4552</b>                                               |  |