
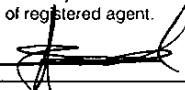
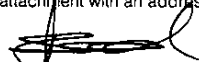


FILED
Feb 21, 2008 8:00 am
Secretary of State

4000000000

DOCUMENT # N02000001557				02-21-2008 90032 012 ****61.25	
1. Entity Name SHADOW WOOD PRESERVE BAY WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41ST ROAD BONITA SPRINGS, FL 34135 US		Mailing Address 27800 OLD 41ST ROAD BONITA SPRINGS, FL 34135 US			
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DRIVE		3. Mailing Address 27180 BAY LANDING DRIVE			
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc. SUITE 4		01242008 Chg-NP CR2E037 (12/06)	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 56-2321301	
Zip 34135		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERING PROPERTY SRVICES 27800 OLD 41ST RD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27180 BAY LANDING DRIVE SUITE 4 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. <div><div>SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.</div><div>ANTHONY SHEFFERD PROPERTY MGR (NOTE: Registered Agent signature required when reinstating)</div><div>2/14/08 DATE</div></div>					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DP SAWATZKY, DANIEL 18900 BAY WOODS LAKE DR. 101 FORT MYERS, FL 33908 <input type="checkbox"/> Delete		DT SORGI, JOSEPH 18911 BAY WOODS LAKE DR. # 203 FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
DV PERRY, MICHAEL 18921 BAY WOODS LAKE DR #201 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete		DV SUNDQUIST, PAUL 18920 BAY WOODS LAKE DR. # 202 FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
DTS SCOVILLE, THOMAS 7070 BAYWOODS LAKE CT #202 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete		D FLAVIN, JOHN 18920 BAY WOODS LAKE DR. # 102 FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete		DS PAUWELS, JOANN 7060 BAY WOODS LAKE CT. # 101 FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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, PROP.MGR 2/14/08 239-947-4552 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					