

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 030 \*\*\*\*61.25

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04252006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N02000006545</b>					
<b>1. Entity Name</b> SHADOW WOOD PRESERVE SANDALWOOD II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108			<b>Mailing Address</b> 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108		
<b>2. Principal Place of Business</b> 27800 OLD 41 RD		<b>3. Mailing Address</b> 27800 OLD 41 RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BONITA SPRINGS, FL		<b>City &amp; State</b> BONITA SPRINGS, FL		<b>4. FEI Number</b> 56-2321313	
<b>Zip</b> 34135		<b>Country</b> USA		<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>  SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472			<b>-7. Name and Address of New Registered Agent</b> Name: STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD City: BONITA SPRINGS FL Zip Code: 34135		
<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>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			ANTHONY SHEFFERD (as Agent) 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> SMITH, ALAN B <b>STREET ADDRESS</b> 2950 IMMOKALEE RD STE 2 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> CRAWFORD, EDWARD <b>STREET ADDRESS</b> 18550 SANDALWOOD PTE #202 <b>CITY-ST-ZIP</b> FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DTS <b>NAME</b> HARTZ, MICHAEL M <b>STREET ADDRESS</b> 9430 ENTERPRISE CIR STE 100 <b>CITY-ST-ZIP</b> BRADENTON, FL 342024108	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> JOHANSSON, GEORGE <b>STREET ADDRESS</b> 18560 SANDALWOOD PTE #202 <b>CITY-ST-ZIP</b> FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> SPENCER, MARC I <b>STREET ADDRESS</b> 877 EXECUTIVE CENTER DR. W., STE 205 <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> KRETH, GORDON <b>STREET ADDRESS</b> 18570 SANDALWOOD PTE #202 <b>CITY-ST-ZIP</b> FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WHITMORE, JAMES A <b>STREET ADDRESS</b> 2950 IMMOKALEE RD STE 2 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> KROMER, KEITH <b>STREET ADDRESS</b> 18580 SANDALWOOD PTE #201 <b>CITY-ST-ZIP</b> FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SHERICK, DONALD <b>STREET ADDRESS</b> 18560 SANDALWOOD PTE #102 <b>CITY-ST-ZIP</b> FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<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>			ANTHONY SHEFFERD (as Agent) 4/25/06 239-947-4582 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		