

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90083 023 ****61.25

DOCUMENT # N02000006546					
1. Entity Name SHADOW WOOD PRESERVE BAY WOODS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108			Mailing Address 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108		
2. Principal Place of Business - No P.O. Box # 27800 OLD 41 ROAD Suite, Apt. #, etc.		3. Mailing Address 27800 OLD 41 RD. Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL Zip 34135 Country USA		City & State BONITA SPRINGS, FL Zip 34135 Country USA		4. FEI Number 56-2321306	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472					
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 DATE: 3/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, ALAN B 8430 ENTERPRISE CIRCLE STE 100 BRADENTON, FL 342024108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, MICHAEL 18921 BAY WOODS LAKE DR. #201 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITMORE, JAMES A 11021 CORSIA TRIESTE WAY BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUNDQUIST, PAUL 18920 BAY WOODS LAKE DR. #202 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLAVIN, JOHN 18920 BAY WOODS LAKE DR. #102 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FICHTER, THOMAS 11021 CORSIA TRIESTE WAY BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOVILLE, THOMAS 7070 BAY WOODS LAKE CT. #202 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, ANN S 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CAROLYN 18921 BAY WOODS LAKE DR. #101 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PROPERTY MANAGER 4/11/07 231-947-4552 <small>Date Daytime Phone #</small>		