
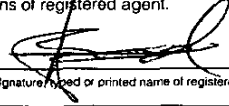
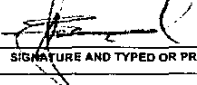


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90256 028 \*\*\*\*61.25

<b>DOCUMENT # N02000009321</b> 1. Entity Name <b>SHADOW WOOD PRESERVE PARKSIDE NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>8430 ENTERPRISE CIR STE 100 BRADENTON, FL 34202-4108</b>			Mailing Address <b>8430 ENTERPRISE CIR STE 100 BRADENTON, FL 34202-4108</b>		
2. Principal Place of Business - No P.O. Box # <b>27800 OLD 41 RD.</b>		3. Mailing Address <b>27800 OLD 41 RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BONITA SPRINGS, FL</b>		City & State <b>BONITA SPRINGS, FL</b>		4. FEI Number <b>56-2321316</b>	
Zip <b>34135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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 Name <b>STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>27800 OLD 41 RD.</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>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.					
SIGNATURE 		<b>ANTHONY SHEFFERD</b>		<b>3/30/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>SMITH, ALAN B</b>				
STREET ADDRESS	<b>8430 ENTERPRISE CIR STE 100</b>				
CITY-ST-ZIP	<b>BRADENTON, FL 342024108</b>				
TITLE	<b>DS</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>FICHTER, THOMAS</b>				
STREET ADDRESS	<b>8430 ENTERPRISE CIR STE 100</b>				
CITY-ST-ZIP	<b>BRADENTON, FL 342024108</b>				
TITLE	<b>DP</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>WHITMORE, JAMES A</b>				
STREET ADDRESS	<b>8430 ENTERPRISE CIR STE 100</b>				
CITY-ST-ZIP	<b>BRADENTON, FL 342024108</b>				
TITLE	<b>AS</b> <input checked="" type="checkbox"/> Delete				
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</b>				
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>COHEN, ANN S</b>				
STREET ADDRESS	<b>877 EXECUTIVE CENTER DR. W., STE 205</b>				
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33702</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>LYONS, DAVID</b>				
STREET ADDRESS	<b>18251 PARKSIDE GREENS DR.</b>				
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>				
TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>BRUNER, GEORGE</b>				
STREET ADDRESS	<b>18200 PARKSIDE GREENS DR.</b>				
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>				
TITLE	<b>DST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>PETRARCA, WILLIAM</b>				
STREET ADDRESS	<b>18191 PARKSIDE GREENS DR.</b>				
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		<b>ANTHONY SHEFFERD, PROPERTY</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>MANAGER</b>		Date <b>4/11/07</b> Daytime Phone # <b>239-947-4552</b>	