2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009321

FILED Apr 06, 2009 Secretary of State

Entity Name: SHADOW WOOD PRESERVE PARKSIDE NEIGHBORHOOD ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** STERLING PROPERTY SERVICES 27180 BAY LANDING DR. SUITE 4 BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** STERLING PROPERTY SERVICES 27180 BAY LANDING DR. SUITE 4 BONITA SPRINGS, FL 34135 FEI Number: 56-2321316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STERLING PROPERTY SERVICES 27180 BAY LANDING DR. SUITE 4 BONITA SPRINGS, FL 34135 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LYONS, DAVID Name: Name: 18251 MARKSIDE GREENS DR. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: DV (X) Change () Addition BRUNER, GEORGE Name: HART, RICHARD Name: Address: 18200 PARKSIDE GREENS DR. Address: 18181 PARKSIDE GREENS DR. City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 () Delete Title: SDT Title: DST (X) Change () Addition PETRARCA, WILLIAM PETRARCA, WILLIAM Name: Name: 18191 PARKSIDE GREENS DR. 18191 PARKSIDE GREENS DR. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HART DP 04/06/2009