
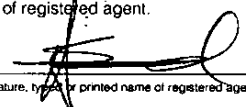
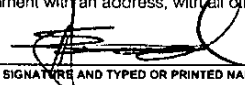


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90256 030 \*\*\*\*61.25

<b>DOCUMENT # N02000009322</b> 1. Entity Name <b>SHADOW WOOD PRESERVE CREEKSIDE 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>56-2321318</b>	
Zip <b>34135</b>		Country <b>USA</b>		Applied For Not Applicable	
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> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SMITH, ALAN B 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 342024108</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DISTAD, DAVID 18111 CREEKSIDE VIEW DRIVE FT. MYERS, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS FICHTER, THOMAS 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 342024108</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS FORBES, TIMOTHY 18210 CREEKSIDE VIEW DRIVE FT. MYERS, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>DP</del> <del>FRANK, RALPH</del> <del>18111 CREEKSIDE VIEW DRIVE</del> <del>FT. MYERS, FL 33908</del></b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WHITMORE, JAMES A 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 342024108</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FELDKAMP, FRED 18170 CREEKSIDE VIEW DRIVE FT. MYERS, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T COHEN, ANN S 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 33702</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 of 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>SIGNATURE:</b>  <b>ANTHONY SHEFFERD</b> <b>PROPERTY MANAGER</b> <b>4/10/07</b> <b>239-947-4552</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					