

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009322

FILED
Apr 09, 2009
Secretary of State

Entity Name: SHADOW WOOD PRESERVE CREEKSIDE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

STERLING PROPERTY SERVICES
27180 BAY LANDING DR. SUITE 4
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

STERLING PROPERTY SERVICES
27180 BAY LANDING DR. SUITE 4
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 56-2321318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERLING PROPERTY SERVICES
27180 BAY LANDING DR. SUITE 4
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: OISTAD, DAVID
Address: 18111 CREEKSIDE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DTS () Delete
Name: FORBES, TIMOTHY
Address: 18210 CREEKSIDE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: FELDKAMP, FRED
Address: 18170 CREEKSIDE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: SMITH, MARY
Address: 18200 CREEKSIDE VIEW DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: SAUVAGEAU, ROBERTS
Address: 18200 CREEKSIDE VIEW DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SMITH, MARY
Address: 18200 CREEKSIDE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DST (X) Change () Addition
Name: SAUVAGEAU, ROBERT
Address: 18220 CREEKSIDE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID OISTAD

DP

04/09/2009

Electronic Signature of Signing Officer or Director

Date