

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009322

FILED
Apr 19, 2010
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:

27180 BAY LANDING DR
SUITE 4
BONITA SPRINGS, FL 34135

Current Mailing Address:

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

New Mailing Address:

27180 BAY LANDING DR
SUITE 4
BONITA SPRINGS, FL 34135

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:

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

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: JOHN O'GORMAN

04/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: OISTAD, DAVE
Address: 18111 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: FELDKAMP, FRED
Address: 18170 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

Title: DST
Name: SAUVAGEAU, ROBERT
Address: 18220 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: FORBES, TIM
Address: 18210 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: GRIGSBY, JAMES
Address: 18240 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: WESLEY, JAMES
Address: 18191 CREEKSIDE VIEW DR
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: DAVE OISTAD

DP

04/19/2010

Electronic Signature of Signing Officer or Director

Date