

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009322

FILED  
Mar 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

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:**

STERLING PROPERTY SERVICES LLC  
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

03/14/2011

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: HOLLENBECK, JOHN  
Address: 18230 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: DAVID OISTAD

DP

03/14/2011

Electronic Signature of Signing Officer or Director

Date