

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90162 024 \*\*\*\*61.25

<b>DOCUMENT # N03000009239</b>					
<b>1. Entity Name</b> SHADOW WOOD PRESERVE BAY WOODS III CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIRCLE #100 BRADENTON, FL 34202			<b>Mailing Address</b> C/O TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIRCLE #100 BRADENTON, FL 34202		
<b>2. Principal Place of Business</b> 9411 Cypress Lake Drive Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Fort Myers, FL</b> Zip <b>33919</b>		<b>3. Mailing Address</b> 9411 Cypress Lake Drive Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Fort Myers, FL</b> Zip <b>33919</b>			
Country <b>USA</b>		Country <b>USA</b>		<b>03142006</b> Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 20-1777901				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPENCER, MARC I 877 EXECUTIVE CENTER DR. W. SUITE 205 ST. PETERSBURG, FL 33702-2472			<b>7. Name and Address of New Registered Agent</b> Name <b>Bob Gelles c/o Schoo Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>9411-2 Cypress Lake Drive</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>		
<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.</b>					
SIGNATURE: <b>Robert E. Gelles</b> <b>4/21/06</b> <small>Signature, by registered agent or principal, of registered agent, if applicable. (NOTE: Registered Agent's signature required when registering.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>D</b> <b>SMITH, ALAN B</b> <b>8430 ENTERPRISE CIRCLE #100</b> <b>BRADENTON, FL 34202</b>	<input 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	<b>STD</b> <b>HARTZ, MICHAEL M</b> <b>8430 ENTERPRISE CIRCLE #100</b> <b>BRADENTON, FL 34202</b>	<input 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	<b>D</b> <b>WHITMORE, JAMES A</b> <b>8430 ENTERPRISE CIRCLE #100</b> <b>BRADENTON, FL 34202</b>	<input 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	<b>AS</b> <b>SPENCER, MARC I</b> <b>877 EXECUTIVE CENTER DR. W., STE 205</b> <b>ST. PETERSBURG, FL 337022472</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 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 or 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>					
<b>SIGNATURE:</b> <b>Alan Smith</b> <b>4-21-06</b> <b>(239) 481-4700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					