

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90256 031 ****61.25

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03122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000009239 1. Entity Name SHADOW WOOD PRESERVE BAY WOODS III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKES DR SUITE 2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKES DR SUITE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 27800 OLD 41 ROAD		3. Mailing Address 27800 OLD 41 ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 20-1777901	
Zip 34135		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GELLES, BOB C/O SCHOO MANAGEMENT 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 RD. City BONITA SPRINGS, FL Zip Code 34135		
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 ANTHONY SHEFFERD 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ALAN B 8430 ENTERPRISE CIRCLE #100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOVILLE, THOMAS 7070 BAY WOODS LAKE CT # 202 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTZ, MICHAEL M 8430 ENTERPRISE CIRCLE #100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAUWELS, JOANN 7060 BAY WOODS LAKE CT. # 101 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMORE, JAMES A 8430 ENTERPRISE CIRCLE #100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CLARK, TRACY 7060 BAY WOODS LAKE CT. # 102 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" 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	
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	
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.					
SIGNATURE: ANTHONY SHEFFERD PROPERTY MANAGER 4/11/07 239-947-4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					