

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003152

**FILED**  
**Feb 27, 2005**  
**Secretary of State**

**Entity Name:** TAMARIND TRACE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 341031900

**New Principal Place of Business:**

26025 CLARKSTON DRIVE  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 341031900 US

**New Mailing Address:**

26025 CLARKSTON DRIVE  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 65-0878322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, STEPHEN  
SOUTHWEST PROPERTY MNGT  
1044 CASTELLO DR, SUITE 206  
NAPLES, FL 341031900 US

**Name and Address of New Registered Agent:**

RAUBOLT, ROBERT R  
BONITA MANAGEMENT GROUP, INC.  
26025 CLARKSTON DRIVE  
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: ROBERT R. RAUBOLT

02/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MERRITT, JAMES  
Address: 23203 FOXBERRY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete  
Name: O'DEA, THOMAS  
Address: 23195 FPOXBERRY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete  
Name: HOBERT, CHET  
Address: 23132 FOXBERRY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: FEEHELEY, THOMAS  
Address: 23171 FOXBERRY LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete  
Name: ACKERMAN, MARIE  
Address: 23339 FOXBERRY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS O'DEA

PD

02/27/2005

Electronic Signature of Signing Officer or Director

Date