2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

BONITA MANAGEMENT GROUP, INC.
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:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

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: PD (X) Change ( ) Addition
Name: O'DEA, THOMAS J
Address: 23195 FPOXBERRY LANE
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D (X) Change ( ) Addition
Name: DEVITT, TIMOTHY
Address: 23315 FOXBERRY LN
City-St-Zip: BONITA SPRINGS, FL 34135

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 Chapter 119, 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: TOMAS J O'DEA PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date