

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003152

FILED  
Mar 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

Title: SD ( ) Delete  
Name: MOE, THOMAS  
Address: 23172 FOXBERRY 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: PD ( ) Delete  
Name: DEVITT, TIMOTHY  
Address: 23315 FOXBERRY LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD ( ) Delete  
Name: THOMPSON, MICHAEL  
Address: 23299 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: VPD (X) Change ( ) Addition  
Name: DEVITT, TIMOTHY  
Address: 23315 FOXBERRY LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, MICHAEL  
Address: 23299 FOXBERRY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL THOMPSON

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date