

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