


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762350 (7)

1. Corporation Name
SHADOWMOSS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O ROBERT L. ELWOOD 350 3RD AVE. S. #1-B NAPLES FL 33940 US	Mailing Address C/O ROBERT L. ELWOOD 350 3RD AVE. S. #1B NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 02/26/1996
4. FEI Number 31-1230939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 350-3rd Ave, So	2a. Mailing Address 26 350-3rd Ave, So
Suite, Apt. #, etc. 22 # B2	Suite, Apt. #, etc. 27 # B2
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34102	Country 25 USA
Zip 29 34102	Country 30 USA

9. Name and Address of Current Registered Agent

ROBERT ELWOOD
350 3RD AVE. S., APT. B-1
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Mrs Sally Buschmann
82 Street Address (P.O. Box Number is Not Acceptable) 350-3rd Ave, So
83 Suite, Apt. #, etc. # B2
84 City Naples
85 Zip Code FL 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sally Buschmann (NOTE: Registered Agent signature required when reinstating) DATE Aug 11, 1997

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ELWOOD, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 350 3RD AVE. S. B-1	CITY-ST-ZIP NAPLES FL	
TITLE VSD	NAME PENN, NANCY R.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 354 4TH ST. S., APT. A-5	CITY-ST-ZIP NAPLES FL	
TITLE TD	NAME LEIGHNER, BARBARA R.	<input type="checkbox"/> DELETE
STREET ADDRESS 2231 ATLEE COURT	CITY-ST-ZIP COLUMBUS OH	
TITLE President	NAME Morgan W. Penn	<input type="checkbox"/> DELETE
STREET ADDRESS 100 South 3rd St, Suite 102	CITY-ST-ZIP Columbus, Ohio 43215	
TITLE Secretary	NAME Sally Buschmann	<input type="checkbox"/> DELETE
STREET ADDRESS 350-3rd Ave, So # B2	CITY-ST-ZIP Naples, FL 34102	
TITLE 	NAME 	<input type="checkbox"/> DELETE
STREET ADDRESS 	CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Morgan W. Penn	
1.3 STREET ADDRESS 100 South 3rd St, Suite 102	
1.4 CITY-ST-ZIP Columbus, Ohio 43215	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Sally Buschmann	
2.3 STREET ADDRESS 350-3rd Ave, So # B2	
2.4 CITY-ST-ZIP Naples, FL 34102	
3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 	
3.3 STREET ADDRESS 	
3.4 CITY-ST-ZIP 	
4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 	
4.3 STREET ADDRESS 	
4.4 CITY-ST-ZIP 	
5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 	
5.3 STREET ADDRESS 	
5.4 CITY-ST-ZIP 	
6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 	
6.3 STREET ADDRESS 	
6.4 CITY-ST-ZIP 	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E037 (4/97)