

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 14, 2007  
Secretary of State**

DOCUMENT# 762350

Entity Name: SHADOWMOSS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

350 3RD AVE S  
A2  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 3RD AVE S  
A2  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 31-1230939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

THOMPSON, STUART A ESQ.  
2272 AIRPORT RD. SO., STE. 101  
NAPLES, FL 34112 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: PD ( ) Delete  
Name: PORTNOY, BERNARD  
Address: 350 3RD AVE. S. APT. A2  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: PETERSON, DOTTIE  
Address: 344 4TH ST. S. APT.A6  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: PENN, DWIGHT  
Address: 354 4TH ST. S. APT. A5  
City-St-Zip: NAPLES, FL 34102

**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:

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: BERNARD N. PORTNOY

PRES

07/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date