

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996 5-1-96

DIVISION OF CORPORATIONS

DOCUMENT # N95000001478 (5)

1. Corporation Name

SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5027 EAST TAMiami TRAIL  
NAPLES FL 33962

5027 EAST TAMiami TRAIL  
NAPLES FL 33962

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2065 Trade Center Way

Same

4. FEI Number

65-0576425

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

23 Naples, FL

27 City & State

24 Zip

33942

25 Country

US

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THRUSHMAN, EUGENE  
5027 EAST TAMiami TRAIL  
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2065 Trade Center Way

84 City

Naples

FL

85 Zip Code

33942

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	THRUSHMAN, EUGENE	5027 EAST TAMiami TRAIL	NAPLES FL 33962	<input type="checkbox"/>
D	GORMAN, JAMES	5027 EAST TAMiami TRAIL	NAPLES FL 33962	<input type="checkbox"/>
D	BROWN, KIM	2500 NORTH TAMiami TRAIL SUITE 112	NAPLES FL 33940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		2065 Trade Center Way	Naples, FL, 33942	<input type="checkbox"/>	<input type="checkbox"/>
		2065 Trade Center Way	Naples, FL, 33942	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Thrushman 4/30/96 941-514-0514

Date

Daytime Phone #

CR2E037 (12/95)