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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001478 (5)

1. Corporation Name
SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2065 TRADE CENTER WAY 2065 TRADE CENTER WAY
NAPLES FL 33942 NAPLES FL 34109-6244
US US

3. Date Incorporated or Qualified 03/28/1995 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 1100 PINE AVENUE SOUTH 26 1100 PINE AVENUE SOUTH
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 201 27 SUITE 201
City & State City & State
23 NAPLES, FL 28 NAPLES, FL
Zip Country Zip Country
24 34102 25 U.S. 29 34102 30 U.S.

4. FEI Number 65-0576425 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
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
THRUSHMAN, EUGENE
2065 TRADE CENTER WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name ROBERT M. HALL
82 Street Address (P.O. Box Number is Not Acceptable) 1100 PINE AVENUE, SOUTH SUITE 201
83
84 City NAPLES FL 85 Zip Code 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 Robert M. Hall ROBERT M. HALL ASSOCIATION MANAGER 2/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THRUSHMAN, EUGENE	
STREET ADDRESS	2065 TRADE CENTER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORMAN, JAMES	
STREET ADDRESS	2065 TRADE CENTER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, KIM	
STREET ADDRESS	2500 NORTH TAMiami TRAIL SUITE 112	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLIE FALGOUT	
1.3 STREET ADDRESS	6130 THIRTIETH DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34112	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICKOLAI SCHANK	
2.3 STREET ADDRESS	6265 SHADOWOOD CIRCLE	
2.4 CITY-ST-ZIP	NAPLES, FL 34112	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIRGINIA BALL	
3.3 STREET ADDRESS	6224 SHADOWOOD CIRCLE	
3.4 CITY-ST-ZIP	NAPLES, FL 34112	
4.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MINNIE CRUBBE	
4.3 STREET ADDRESS	6212 SHADOWOOD CIRCLE	
4.4 CITY-ST-ZIP	NAPLES, FL 34112	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TRAVIS MONTELO	
5.3 STREET ADDRESS	6111 THIRTIETH DRIVE	
5.4 CITY-ST-ZIP	NAPLES, FL 34112	
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] 2592 841-725-2586

CR2E037 (9/96)