

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

**FILED**

**Apr 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001478 (5)**  
 1. Corporation Name  
**SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1100 FIFTH AVE S STE 201 NAPLES FL 34102 US</b>	Mailing Address <b>1100 FIFTH AVE S STE 201 NAPLES FL 3102 US</b>
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3. Date Incorporated or Qualified <b>03/28/1995</b>	
4. FEI Number <b>65-0576425</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**HALL, ROBERT M  
1100 FIFTH AVE S, STE 201  
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<i>President / Director</i>
NAME	MONTELLO, RALPH	1.2 NAME	<i>PAUL DANIELS</i>
STREET ADDRESS	6111 THRESHER DR	1.3 STREET ADDRESS	<i>6312 SHADOWOOD CIRCLE</i>
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	<i>NAPLES, FL 34112</i>
TITLE	PD	2.1 TITLE	<i>Vice President / Director</i>
NAME	FLEEGAL, CHESTER	2.2 NAME	<i>JOHN ROCQUE</i>
STREET ADDRESS	6130 THRESHER DRIVE	2.3 STREET ADDRESS	<i>6157 THRESHER DR.</i>
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	<i>NAPLES, FL 34112</i>
TITLE	VPD	3.1 TITLE	<i>Treasurer / Director</i>
NAME	SCHENK, NICKOLAS	3.2 NAME	<i>JOHN VASCONA</i>
STREET ADDRESS	62685 SHADOWOOD CIR	3.3 STREET ADDRESS	<i>6279 SHADOWOOD CIRCLE</i>
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	<i>NAPLES, FL 34112</i>
TITLE	SD	4.1 TITLE	
NAME	BALL, VIRGINIA	4.2 NAME	
STREET ADDRESS	6224 SHADOWOOD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<i>Director</i>
NAME	GAUBEE, MINNE	5.2 NAME	<i>ANDRY BAROUIL</i>
STREET ADDRESS	6212 SHADOWOOD CIR	5.3 STREET ADDRESS	<i>6279 SHADOWOOD CIRCLE</i>
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	<i>NAPLES, FL 34112</i>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **4/6/98 (941) 732-1590**

CR2E037 (10/97)