


FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N95000001478

1. Corporation Name
SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

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|---|--|
| Principal Place of Business 1100 FIFTH AVE S STE 201 NAPLES FL 34102 US | Mailing Address 1100 FIFTH AVE S STE 201 NAPLES FL 3102 US |
|---|--|



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|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 03/28/1995 | 4. FEI Number 65-0576425 | 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 | | |

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DANIELS, PAUL | |
| STREET ADDRESS | 2312 SHADOWOOD CIR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | ROCQUE, JOSEPH | |
| STREET ADDRESS | 6157 THESHER DR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SJEGENGA, JOHN | |
| STREET ADDRESS | 6279 SHADOWOOD CIR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BALL, VIRGINIA | |
| STREET ADDRESS | 6224 SHADOWOOD CIR | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARBOUR, AUDREY | |
| STREET ADDRESS | 6289 SHADOWOOD CIR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: Paul Daniels **SIGNATURE REQUIRED** C DANIELS PRES 4/27/99 941-793-0450
Date Daytime Phone #

CR2E037 (11/98)