

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90003 047 ****61.25

DOCUMENT # N95000001478

1. Entity Name

SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0576425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIELS, PAUL	
STREET ADDRESS	2312 SHADOWWOOD 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 checked="" type="checkbox"/> Delete
NAME	STEGENEA, 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		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mike Ryan	
STREET ADDRESS	6129 Tresher Dr.	
CITY-ST-ZIP	Naples, FL. 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Daniels* **PAUL DANIELS**

80058488



DO NOT WRITE IN THIS SPACE