

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91889 014 \*\*\*\*61.25

DOCUMENT # N 95000001478  
1. Entity Name  
Shadowood Villas Condominium Association, Inc.

11040537

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Shadowood Circle  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 110156  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34112 Country

Zip  
34108 Country

4. FEI Number  
65-0576425 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
William D. White

Street Address (P.O. Box Number is Not Acceptable)  
2310 Della De

City  
Naples, FL Zip Code  
34117

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 William D. White DATE 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required over stamping)

FEE IS \$61.25 Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP Russel Burghuis 6202 Shadowood Circle Naples, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DV Dennis Russell 6212 Shadowood Circle Naples, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DS Audrey Barbour 6289 Shadowood Circle Naples, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT William Cacho 6136 Thresher Drive Naples, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Gibby Bartels 6285 Shadowood Circle Naples, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ASM William D. White 2310 Della De Naples, FL 34117</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William D. White DATE: 4/29/03 FILE NO: 239-352-6780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)