

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:21

DOCUMENT # P93000051111 (1)

1. Corporation Name

SHADOWOOD VILLAS, INC.

Principal Place of Business

Mailing Address

**5027 TAMAMI TRAIL EAST
NAPLES FL 33962**

**5027 TAMAMI TRAIL EAST
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

2a. Mailing Address

21 2063 Trade Center Way

26 Same

4. FEI Number

65-0428897

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Naples, FL

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33942

25 Collier

29

30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THRUSHMAN, GENE
5027 TAMAMI TRAIL EAST
NAPLES FL 33962**

81 Name

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

2063 Trade Center Way

83

84 City **NAPLES**

FL

85 Zip Code **33942**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

3/2/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **GORMAN, JAMES H**
STREET ADDRESS **1125 7TH ST S.**
CITY - ST - ZIP **NAPLES FL 33960**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**2063 Trade Center Way
NAPLES, FL 33942**

TITLE **D**
NAME **THRUSHMAN, GENE**
STREET ADDRESS **5027 TAMAMI TRAIL EAST**
CITY - ST - ZIP **NAPLES FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**2063 Trade Center Way
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

[Signature]

3/2/95

813-795-6740

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)