

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762350

**Entity Name:** SHADOWMOSS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

350 3RD AVE S  
A2  
NAPLES, FL 34102

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**1986569224CC**

**Current Mailing Address:**

350 3RD AVE S  
A2  
NAPLES, FL 34102 US

**FEI Number: 31-1230939**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMPSON, STUART AESQ.  
2272 AIRPORT RD. SO., STE. 101  
NAPLES, FL 34112 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PORTNOY, BERNARD N  
Address 350 3RD AVE. S. APT. A2  
City-State-Zip: NAPLES FL 34102

Title SECRETARY, DIRECTOR  
Name TAYLOR, SCOTT  
Address 350 3RD AVE. S.  
4A  
City-State-Zip: NAPLES FL 34102

Title TREASURER, DIRECTOR  
Name ALLEN, LARRY  
Address 344 4TH STREET S.  
6A  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name HEALY, JOHN  
Address 350 3RD AVE. S  
1A  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name HOBAN, WILLIAM  
Address 354 4TH STREET S.  
5A  
City-State-Zip: NAPLES FL 34102

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BERNARD N PORTNOY**

**PRESIDENT**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date