FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743001 (0)

1. Corporation Name

SHENANDOAH ESTATES, INC.
C/O ANNETTE LANGE
129 BLUE RIDGE DRIVE, NAPLES, FL 33962

Principal Place of Business	Mailing Address
ANNETTE LANGE	129 BLUE RIDGE DRIVE NAPLES, FLORIDA 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report:
4. FEI Number: 59-2410752 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ANNETTE LANGE	26 129 BLUE RIDGE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NAPLES, FLORIDA	28 City & State: NAPLES, FLORIDA
24 Zip: 33962 25 Country: USA	29 Zip: 33962 30 Country: USA

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANNETTE LANGE
129 BLUE RIDGE DRIVE
NAPLES, FLORIDA 33962

10. Name and Address of New Registered Agent

81 Name: ANNETTE LANGE
82 Street Address (P.O. Box Number is Not Acceptable): 129 BLUE RIDGE DRIVE
83
84 City: NAPLES FL 85 Zip Code: 33962

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: Annette Lange ANNETTE LANGE/SECRETARY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D NAME STREET ADDRESS CITY-ST-ZIP	/Robert Filbert 102 BLUE RIDGE DRIVE NAPLES, FLORIDA 33962	11 TITLE P 12 NAME D 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition Janice Evans 133 Blue Ridge Drive Naples, Florida 33962
TITLE T D NAME STREET ADDRESS CITY-ST-ZIP	Lillie Belle Leonard 4941 Molokai Drive NAPLES, FLORIDA 33962	21 TITLE VP 22 NAME D 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition Pamela Nemitz 4235 Molokai DRive Naples, Florida 33962
TITLE S D NAME STREET ADDRESS CITY-ST-ZIP	Marylee Kissell 116 BLUE RIDGE DRIVE NAPLES, FLORIDA 33962	31 TITLE D S 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☒ Change ☐ Addition Annette Lange 129 Blue Ridge DRive Naples, Florida 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE D T 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☒ Change ☐ Addition Rick Fioramonti 130 Blue Ridge DRive Naples, Florida 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 000001531380 -07/06/95--01096--004 ****138.75 ****138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAIL AA 7/5

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)(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.

SIGNATURE: Annette Lange 4/27/95 813-774-3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANNETTE LANGE