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96 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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, FL 33962

2. Principal Place of Business

2a. Mailing Address

21 Annette Lange

26 129 Blue Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Naples, FL 33962

28 Naples, FL 33962

Zip

Country

Zip

Country

24 33962

25

USA

29 33962

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/24/1978

3a. Date of Last Report

4-95

4. FEI Number

59-2410752

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

Annette Lange
129 Blue Ridge Drive
Naples, FL 33962

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Annette Lange / Treasurer

(NOTE: Registered Agent signature required when reinstating)

4-29-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D
NAME Janice Evans
STREET ADDRESS 133 Blue Ridge Drive
CITY-ST-ZIP Naples, FL 33962 ☒ DELETE

1.1 TITLE P-D
1.2 NAME Michael Thomas
1.3 STREET ADDRESS 4220 Hawaii Blvd
1.4 CITY-ST-ZIP Naples, FL 33962 ☐ Change ☒ Addition

TITLE VP-D
NAME Pamela Nemitz
STREET ADDRESS 4235 Molokai
CITY-ST-ZIP Naples, FL 33962 ☒ DELETE

2.1 TITLE VP-D
2.2 NAME Mildred Rhoads
2.3 STREET ADDRESS 212 Potomac Pl
2.4 CITY-ST-ZIP Naples, FL 33962 ☐ Change ☒ Addition

TITLE S D
NAME Annette Lange
STREET ADDRESS 129 Blue Ridge Drive
CITY-ST-ZIP Naples, FL 33962 ☐ DELETE

3.1 TITLE S-D
3.2 NAME Corinne Churchill
3.3 STREET ADDRESS 109 Blue Ridge Drive
3.4 CITY-ST-ZIP Naples, FL 33962 ☐ Change ☒ Addition

TITLE T-D
NAME Rick Fioromonti
STREET ADDRESS 130 Blue Ridge Drive
CITY-ST-ZIP Naples, FL 33962 ☒ DELETE

4.1 TITLE T-D
4.2 NAME Annette Lange
4.3 STREET ADDRESS 129 Blue Ridge Drive
4.4 CITY-ST-ZIP Naples, FL 33962 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

941-774-3262

Date

Daytime Phone #

CR2E037 (12/95)