FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

(0)

Mailing Address

SHENANDOAH ESTATES, INC.

C/O ANNETTE 129 BLUE RIDX NAPLES FL 33	3E DRIVE	C/O ANNETTE LANGE 129 BLUE RIDGE DRIVE NAPLES FL 34112-3726		3. Date Incorporated or Qualified 05/24/1978	3a. Date of Last Report 05/01/1996	
	lace of Business /o Corinne Churchill	28. Mailing Address 26 C/O Corinne	Churchill	4. FEI Number 59-2410752	Applied For Not Applicable	
Suite, Apt. 22 1(#.etc 09 Blue Ridge Dr.		nake Hammock F	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
20	aples, Fl 34112	City & State Suite		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 34112		24P 29 34113	Country Collier		Yes X No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
LANGE, ANNETTE 129 BLUE RIDGE DRIVE			82 Street Add	Corinne Churchill 82 Street Address (P.O. Box Number is Not Acceptable) 109 Blue Ridge Drive		
NAPLES FL 33962						
				Naples FL 34112		
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 OF Printed name of registered agont and title if applicable (NOTE: Registered Agont agont are required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	XX DELETE	1,1 TITLE	PD LEONADD LILLIE BELL	Change Addition	
NAME	THOMAS, MICHAEL		1.2 NAME	LEONARD, LILLIE BELL	C	
STREET ADORESS	4220 HAWAII BLVD		1.3 STREET ADDRESS	4941 Molokai Drive	j	
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY - ST - ZIP	Naples, FL 34112		
TITLE	VD	DELETE	2.1 TITLE		Change Addition	
NAME	RHOADS, MILDRED		2.2 NAME			
STREET ADDRESS	212 POTOMAC PL		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP			
TITLE	SD	XX DELETE	3.1 TITLE	S/TD	Change Addition	
NAME	CHURCHILL, CORINNE		3.2 NAME	CHURCHILL, CORINNE		
STREET ADDRESS	109 BLUE RIDGE DRIVE		3.3 STREET ADDRESS	109 Blue Ridge Dr.		
CITY-ST-ZIP	NAPLES FL 33962		3.4. CITY-ST-ZIP	Naples, FL 34112		
	TO	VV DELETE	4 4 7071.5	•	Change Addition	

14. I do hereby certify that the information supplied with this filing 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

NAME

TITLE

NAMe

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

LANGE, ANNETTE

NAPLES FL 33962

129 BLUE RIDGE DRIVE

DELETE

DELETE

Addition

Addition

FILED

Feb 28 1997 8:00am

Secretary of State