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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743001** (0)

1. Corporation Name
SHENANDOAH ESTATES, INC.

Principal Place of Business C/O CORINNE CHURCHILL 109 BLUE RIDGE DRIVE NAPLES FL 34112 US	Mailing Address C/O CORINNE CHURCHILL 4939 RATTLESNAKE HAMMOCK ROAD STE 134 NAPLES FL 34113 US
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3. Date Incorporated or Qualified
05/24/1978

4. FEI Number
59-2410752

Applied For
Not Applicable

2. Principal Place of Business 21 C/O Shirley Hagerson Suite, Apt. #, etc. 22 4260 Hawaii Blvd City & State 23 Naples, FL Zip 24 34112	2a. Mailing Address 26 C/O Shirley Hagerson Suite, Apt. #, etc. 27 4939 Rattlesnake H. Road City & State 28 STE 134 Naples, FL 34113 Zip 29 34113
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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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHURCHILL, CORINNE
109 BLUE RIDGE DRIVE
NAPLES FL 34112**

81 Name Shirley Hagerson
82 Street Address (P.O. Box Number is Not Acceptable) 4260 Hawaii Blvd
83 City Naples
84 State FL
85 Zip Code 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 Shirley C. Hagerson Secretary 4/6/98
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, LILLIE BELLE 4941 MOLOKAI DRIVE NAPLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V P / Treasurer Lillie Belle Leonard 4941 Molokai Dr. Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHOADS, MILDRED 212 POTOMAC PL NAPLES FL 33982 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Mildred Rhoads 212 Potomac PL Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHURCHILL, CORINNE 109 BLUE RIDGE DRIVE NAPLES FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Hagerson, Shirley 4260 Hawaii Blvd Naples, FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Donald Ringo 125 Blue Ridge Dr. Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

SIGNATURE: Shirley C. Hagerson 4/6/98 714-6180

CR2E037 (10/97)