

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743001**

1. Corporation Name

**SHENANDOAH ESTATES, INC.**

Principal Place of Business

C/O SHIRLEY HAGERSON  
4260 HAWAII BLVD  
NAPLES FL 34112  
US

Mailing Address

C/O SHIRLEY HAGERSON  
4939 RATTLESNAKE HAMMOCK ROAD STE 134  
NAPLES FL 34113  
US

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90036 029 \*\*\*\*61.25

200243 - 90038 - 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**05/24/1978**

4. FEI Number

**59-2410752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HAGERSON, SHIRLEY  
4260 HAWAII BLVD  
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPTD ☐ DELETE  
NAME LEONARD, LILLIE BELLE  
STREET ADDRESS 4941 MOLOKAI DRIVE  
CITY-ST-ZIP NAPLES FL 34112

TITLE PD ☐ DELETE  
NAME RHOADS, MILDRED  
STREET ADDRESS 212 POTOMAC PL  
CITY-ST-ZIP NAPLES FL 34112

TITLE SD ☐ DELETE  
NAME FLAGERSON, SHIRLEY  
STREET ADDRESS 4260 HAWAII BLVD  
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☒ DELETE  
NAME RINGO, DONALD  
STREET ADDRESS 125 BLUE RIDGE DR  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PD Evans, Janice  
1.3 STREET ADDRESS 133 Blue Ridge Dr.  
1.4 CITY-ST-ZIP Naples, FL 34112

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VP D. Rhoads, Mildred  
2.3 STREET ADDRESS 212 Potomac PL  
2.4 CITY-ST-ZIP Naples, FL 34112

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME SD Hagerston, Shirley  
3.3 STREET ADDRESS 4260 Hawaii Blvd.  
3.4 CITY-ST-ZIP Naples, FL 34112

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME T.D Leonard, Lillie Belle  
4.3 STREET ADDRESS 4941 Molokai Dr  
4.4 CITY-ST-ZIP Naples, FL 34112

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

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

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/99 774-6180

CR2E037 (11/98)