


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90691 014 \*\*\*\*61.25

<b>DOCUMENT # 743001</b>			
1. Entity Name <b>SHENANDOAH ESTATES, INC.</b>			
Principal Place of Business <b>116 BLUE RIDGE DR. NAPLES FL 34112 US</b>		Mailing Address <b>4384 THOMASSON DRIVE STE 134 NAPLES FL 34113 US</b>	
2. Principal Place of Business <b>115 BLUE RIDGE DR.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State	
Zip <b>34112</b> Country <b>USA</b>		Zip Country	
6. Name and Address of Current Registered Agent <b>WEINSTEIN, BRIAN S 102 BLUE RIDGE DRIVE NAPLES FL 34112</b>		7. Name and Address of New Registered Agent Name <b>SCHATZL, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 BLUE RIDGE DR.</b> City <b>NAPLES</b> FL <b>34112</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>Michael Schatzl</b> <b>MICHAEL SCHATZL, PRES. 4-30-2004</b> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JANICE 133 BLUE RIDGE DRIVE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHATZL, MICHAEL 115 BLUE RIDGE DRIVE NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIFFLE, LISA 112 BLUE RIDGE DRIVE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODKE, BRET 140 BLUE RIDGE DRIVE NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINGEL, WAYNE 4821 MOLOKAI DRIVE NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINSTEIN, BRIAN 102 BLUE RIDGE DRIVE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASSIDY, D. VALENTINE 4245 MOLOKAI DRIVE NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMER, STEVE 208 POTOMAC PLACE NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Michael Schatzl</b> <b>MICHAEL SCHATZL, 4-30-2004 (239) 775-5259</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



MOORE CR2E037 (11/03)