

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743001**

1. Entity Name

**SHENANDOAH ESTATES, INC.**



Principal Place of Business

**115 BLUE RIDGE DR.  
NAPLES FL 34112  
US**

Mailing Address

**4384 THOMASSON DRIVE  
STE 134  
NAPLES FL 34113  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2410752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHATZL, MICHAEL  
115 BLUE RIDGE DR  
NAPLES FL 34112**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHATZL, MICHAEL	
STREET ADDRESS	115 BLUE RIDGE DRIVE	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODKE, BRET	
STREET ADDRESS	140 BLUE RIDGE DRIVE	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PINGEL, WAYNE	
STREET ADDRESS	4821 MOLOKAI DRIVE	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASSIDY, D. VALENTINE	
STREET ADDRESS	4245 MOLOKAI DRIVE	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIMER, STEVE	
STREET ADDRESS	208 POTOMAC PLACE	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven N Raimer* **STEVEN N RAIMER** 04/20/2005 239-793-3661

Day

Daytime Phone #