

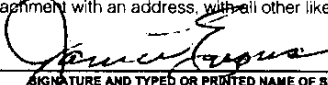


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 010 ****61.25

DOCUMENT # 743001			
1. Entity Name SHENANDOAH ESTATES, INC.			
Principal Place of Business 133 BLUE RIDGE DRIVE NAPLES, FL 34112 US		Mailing Address 4384 THOMASSON DRUVE SUITE 134 NAPLES, FL 34112 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5482 Rattlesnake Hammock Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 134	
City & State		City & State Naples FL	
Zip	Country	Zip	Country
34112	USA	34112	USA
4. FEI Number 59-2410752		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVANS, JANICE 133 BLUE RIDGE DRIVE NAPLES, FL 34104		Name DENNIS BROWN	
		Street Address (P.O. Box Number is Not Acceptable)	
		224 POTOMAC PLACE	
		City	Zip Code
		NAPLES	FL 34112
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 		DATE 4/23/2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JANICE	NAME	Dennis Brown
STREET ADDRESS	133 BLUE RIDGE DRIVE	STREET ADDRESS	224 Potomac Place
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples FL 34112
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, DAN	NAME	Keith Auckerman
STREET ADDRESS	106 BLUE RIDGE DRIVE	STREET ADDRESS	220 Potomac Place
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples FL 34112
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODKE, BRET	NAME	Janice Evans
STREET ADDRESS	140 BLUE RIDGE DRIVE	STREET ADDRESS	133 Blue Ridge Drive
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples FL 34112
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, D. VALENTINE	NAME	Sonia Pajaro
STREET ADDRESS	4245 MOLOKAI DRIVE	STREET ADDRESS	4200 Hawaii Blvd
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Dan Foley
STREET ADDRESS		STREET ADDRESS	106 Blue Ridge Drive
CITY-ST-ZIP		CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 22, 2007	
		Daytime Phone #	
		239-571-6394	

40085298

