

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90168 020 \*\*\*\*61.25

**DOCUMENT # 743001**

1. Entity Name

**SHENANDOAH ESTATES, INC.**



Principal Place of Business

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

Mailing Address

**4939 RATTLESNAKE HAMMOCK RD  
STE 134  
NAPLES FL 34113  
US**

2. Principal Place of Business

3. Mailing Address

**4384 Thomasson Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 134**

City & State

City & State

**Naples, FL**

Zip

Country

Zip

Country

**34112**

**US**

4. FEI Number **59-2410752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KISSEL, MARYLEE  
116 BLUE RIDGE DR  
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **Brian S. Weinstein**

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

**102 Blue Ridge Drive**

City **Naples**

**FL**

Zip Code **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

*Brian S. Weinstein*

**4/28/03**

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**

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** ☒ Delete  
NAME **JENKINS, JENNIFER**  
STREET ADDRESS **4941 MOLOKAI DR.**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☒ Delete  
NAME **KISSEL, MARY LEE**  
STREET ADDRESS **116 BLUE RIDGE DR.**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **TD** ☒ Delete  
NAME **HELLER, JOHN A**  
STREET ADDRESS **224 POTOMAC PL**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Janice Evans**  
STREET ADDRESS **133 Blue Ridge Drive**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Lisa Riffle**  
STREET ADDRESS **112 Blue Ridge Drive**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Wayne Pingel**  
STREET ADDRESS **4821 Molokai Drive**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Brian Weinstein**  
STREET ADDRESS **102 Blue Ridge Drive**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: *Brian S. Weinstein* **Brian S. Weinstein** **4/28/03** **239-530-7491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)