FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F50309** **(6)**

1. Corporation Name

SHADOW LAKES DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
10825 SEMINOLE BLVD #1 SEMINOLE FL 34648 US	10823 SEMINOLE BV 3A LARGO FL 34648 US

3. Date Incorporated or Qualified: **10/20/1981**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 10825 SEMINOLE BLVD.
Suite, Apt. #, etc.
27 #1
City & State
28 LARGO
Zip / Country
29 FL / 30 Pinellas

4. FEI Number: **59-2142431** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPPER, THOMAS W
10825 SEMINOLE BLVD #1
STE 3A
LARGO FL 34648

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KAPPER, THOMAS W		12 NAME		
STREET ADDRESS	17404 1ST STREET E.		13 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KAPPER, NANCY		22 NAME		
STREET ADDRESS	17404 1ST STREET E.		23 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KAPPER, THOMAS W. J		32 NAME		
STREET ADDRESS	10825 SEMINOLE BLVD #1		33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	DT	☐ Change ☑ Addition
NAME			42 NAME	CHERYL GENTRY	
STREET ADDRESS			43 STREET ADDRESS	10531 111TH TER. N.	
CITY-ST-ZIP			44 CITY-ST-ZIP	LARGO, FL 34643	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas W Kapper THOMAS W KAPPER 4/4/96 813-397 1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #