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PROFIT CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F71839

(7)

SHOREWOOD ESTATES, INC.

Prencipal Place 3357 TAMIAMI NAPLES FL 341	TRAIL NORTH	Mailing Address 3357 TAMIAMI TRAIL NOI NAPLES FL 34103-4165	3357 TAMIAMI TRAIL NORTH						
						3. Date Incorporated or Qualified 03/08/1982		ate of Last R 07/1996	leport
2. Pencipal Place of Business 2a. Mailing Addr			dress			4. FEI Number Applie			pplied For
21	26	26 Suite, Apt. #, etc. 27						ot Applicable	
Suite, Apt. #, etc. 22					ı	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State 23	e.	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 24	Country 25	Ζφ [29]	30 Cou	intry] Yes [] No	;. 199.032,
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	GFORD, GEORGE P ATTY.			81	Name				
3357 TAMIAMI TRAIL NORTH NAPLES FL 34103				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
170				в3					
				64	City	**************************************	FL	85 Zip	Code
office or r	to the provisions of Sections 607 egistered agent, or both, in the Sam familiar with, and accept the control of the section of	sate of Florida. Such chan ge was bligations of, Section 607.0505, F	authorize Iorida Stal	d by tutes	the corporat	poration submits this statement for the pion's board of directors. I hereby accepted when reinstaling)	ourpose o of the app	changing i pointment as	ts registered registered
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AN	DIRECTO	RS IN 12
10.1	PD	☐ DELETE	1.1 Ti	TLE				Change	Addition
h5M4	ZEIRA, DAN S		1.2 N	AME					
STREET ADDRESS	3357 TAMIAMI TRAIL NORT	IH .	1.3 S	TREET	ADDRESS				
Offr-SL-7th	NAPLES FL 34103			ITY-S	1 - ZIP				T 1 6 1 120
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5 RELLANGE (**)					AODRESS				
- or real Ar		DELETE	2 4 C		ST - ZIP			Change	Addition
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NAME STEELE AD 1885SH			l l		ADDRESS				
(alx-51-71)					ST-ZIP				
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NAME			4 2 1	MAM					
STREET ALKORESS			435	TREET	ADDRESS				
OHY 51 2)				TY-S					
1 101		DELETE	51T					Cnange	Addition
NAME			52 N	IAME	1				
Shift AJDRESS			535	THEET	ADDRESS				
(Alv. \$1-7-)			540	ITY-S	iT-2IP				
TRE		DELETE	611					Change	Addition
HAME			62N	AME					
SDREET ADDRESS			635	IREET	ADDRESS				

64 CHY-St-ZiP

14. It do hereby cert by 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 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:

17/3/97

FILED

Mar 25 1997 8:00am

Secretary of State

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