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2-20-95-B-1372-C

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:10

DOCUMENT # N02186 (7)

1. Corporation Name
SHORES NEIGHBORHOOD WATCH, INC.

Principal Place of Business	Mailing Address
9200 BONITA BEACH RD.,STE.204 P.O.BOX 2207 BONITA SPRINGS FL 33923	9200 BONITA BEACH RD.,STE.204 P.O.BOX 2207 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 03/14/1994
4. FEI Number: 65-0026775 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPEAR, JOHN D.
9200 BONITA BEACH RD.,STE.204
PO BOX 2207
BONITA SPRINGS FL 33923

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, ROBERT	1.2 NAME	
STREET ADDRESS	88 - 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LAPHAM, PAUL H.	2.2 NAME	
STREET ADDRESS	93 - 7TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S XX Change ☐ Addition
NAME	DARLING, DEAN	3.2 NAME	GALLAGHER, NANCY J.
STREET ADDRESS	661 E VALLEY DR	3.3 STREET ADDRESS	174 2ND STREET
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 33923
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	NASH, ROBERT A.	4.2 NAME	
STREET ADDRESS	99 - 9TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, RAYMOND	5.2 NAME	
STREET ADDRESS	216 - 5TH STREET WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MAX	6.2 NAME	
STREET ADDRESS	74 - 9TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Schwartz — Feb 15, 1995 — 947-5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016661