

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02186 (7)

1. Corporation Name

SHORES NEIGHBORHOOD WATCH, INC.



Principal Place of Business

Mailing Address

8200 BONITA BEACH RD., STE. 204
P.O. BOX 2207
BONITA SPRINGS FL 339238200 BONITA BEACH RD., STE. 204
P.O. BOX 2207
BONITA SPRINGS FL 34133-22073. Date Incorporated or Qualified
03/26/19843a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 9200 Bonita Beach Rd
Suite, Apt. #, etc.26 9200 Bonita Beach Rd
Suite, Apt. #, etc.

4. FEI Number

65-0026775

Applied For

Not Applicable

22 204

27 204

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

City & State

23 Bonita Springs FL

28 Bonita Springs FL

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34135

25

29 34135

30

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.
8200 BONITA BEACH RD., STE. 204
PO BOX 2207
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

John D. Spear

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

9200 Bonita Beach Rd., Suite 204

83

84 City

Bonita Springs

FL

85 Zip Code

34135

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, ROBERT	
STREET ADDRESS	88 - 9TH ST	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAPHAM, PAUL H.	
STREET ADDRESS	93 - 7TH ST	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, NANCY J	
STREET ADDRESS	174 2ND STREET	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NASH, ROBERT A.	
STREET ADDRESS	99 - 9TH ST	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, RAYMOND	
STREET ADDRESS	216 - 5TH STREET WEST	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MAX	
STREET ADDRESS	74 - 9TH ST	
CITY-ST-ZIP	BONITA SPRINGS FL	

13.

1.1 TITLE	P	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1.2 NAME	WALL, DOUGLAS	Age <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS	73 7TH ST.	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
2.1 TITLE	V	Age <input checked="" type="checkbox"/> Addition
2.2 NAME	ALMEIDA, WILLIAM	
2.3 STREET ADDRESS	119 4TH ST.	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
3.1 TITLE	S	Age <input checked="" type="checkbox"/> Addition
3.2 NAME	HAYWARD, JAMES	
3.3 STREET ADDRESS	249 2ND ST.	
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	B	
4.2 NAME	SCHWARTZ, ROBERT	
4.3 STREET ADDRESS	88 - 9TH ST	
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	LAPHAM, PAUL H.	
5.3 STREET ADDRESS	93 - 7TH ST.	
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	GALLAGHER, NANCY J.	
6.3 STREET ADDRESS	174 2ND ST.	
6.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption information indicated on this annual report or supplemental annual report is true and accurate and I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I further certify that the information is true and accurate as made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000281

CR2E037 (9/96)