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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02186** (7)

1. Corporation Name

SHORES NEIGHBORHOOD WATCH, INC.



Principal Place of Business	Mailing Address
9200 BONITA BEACH RD 204 BONITA SPRINGS FL 34135 US	9200 BONITA BEACH RD 204 BONITA SPRINGS FL 34135 US

3. Date Incorporated or Qualified	03/26/1984
4. FEI Number	65-0026775
Applied For	<input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
JOHN D. SPEAR 9200 BONITA BEACH RD, SUITE 204 PO BOX 2207 BONITA SPRINGS FL 34135	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 type="checkbox"/> DELETE
NAME	WALL, DOUGLAS
STREET ADDRESS	73 7TH ST
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ALMEIDA, WILLIAM
STREET ADDRESS	119 4TH ST
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HAYWARD, JAMES
STREET ADDRESS	249 2ND ST
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, ROBERT
STREET ADDRESS	88 9TH ST
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAPHAM, PAUL H.
STREET ADDRESS	93 7TH ST
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GALLAGHER, NANCY J.
STREET ADDRESS	174 2ND ST
CITY-ST-ZIP	BONITA SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	PALYA, WILLIAM
4.4 CITY-ST-ZIP	91 7TH ST
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Douglas Wall* DOUGLAS WALL PRESIDENT, 4-16-98 498-4619

CR2E037 (10/97)