


FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 013 ****61.25

334097 - 90045 - 01

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02186					
1. Corporation Name SHORES NEIGHBORHOOD WATCH, INC.					
Principal Place of Business 9200 BONITA BEACH RD 204 BONITA SPRINGS FL 34135 US			Mailing Address 9200 BONITA BEACH RD 204 BONITA SPRINGS FL 34135 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/26/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0026775	
22		27		Applied For... <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input checked="" type="checkbox"/> DELETE NAME WALL, DOUGLAS STREET ADDRESS 73 7TH ST CITY-ST-ZIP BONITA SPRINGS FL				1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MC PHERSON, MICHAEL 1.3 STREET ADDRESS 85 3RD ST. 1.4 CITY-ST-ZIP BONITA SPRINGS FL 34134			
TITLE V <input type="checkbox"/> DELETE NAME ALMEIDA, WILLIAM STREET ADDRESS 119 4TH ST CITY-ST-ZIP BONITA SPRINGS FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE S <input checked="" type="checkbox"/> DELETE NAME HAYWARD, JAMES STREET ADDRESS 249 2ND ST CITY-ST-ZIP BONITA SPRINGS FL				3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME KALISIK, RANDY 3.3 STREET ADDRESS 508 W. VALLEY DR 3.4 CITY-ST-ZIP BONITA SPRINGS FL 34134			
TITLE D <input type="checkbox"/> DELETE NAME PALYA, WILLIAM STREET ADDRESS 91 7TH ST CITY-ST-ZIP BONITA SPRINGS FL 34134				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE D <input checked="" type="checkbox"/> DELETE NAME LAPHAM, PAUL H. STREET ADDRESS 93 7TH ST CITY-ST-ZIP BONITA SPRINGS FL				5.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME WALL DOUGLAS 5.3 STREET ADDRESS 73 7TH ST 5.4 CITY-ST-ZIP BONITA SPRINGS FL 34134			
TITLE D <input checked="" type="checkbox"/> DELETE NAME GALLAGHER, NANCY J. STREET ADDRESS 174 2ND ST CITY-ST-ZIP BONITA SPRINGS FL				6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME WHEELER, ART 6.3 STREET ADDRESS 190 5TH ST. 6.4 CITY-ST-ZIP BONITA SPRINGS FL 34134			

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Wall Pres. 4/1/99
Douglas Wall Treasurer 4-6-99
Michael McPherson
President 4-6-99

CR2E037-11/98