



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 027 ****61.25

DOCUMENT # N28393 1. Entity Name TRACT B OF SHADOWWOOD PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4164 SKYWAY DR NAPLES, FL 34112 US			Mailing Address 4164 SKYWAY DR NAPLES, FL 34112 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EPPERLY, LLOYD 4164 SKYWAY DR NAPLES, FL 34112				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, DAVID 4212 SKYWAY DR. NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINICIELI, JOHN 4188 SKYWAY DR NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISCORNET, BRUCE 4176 SKYWAY DR. NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLDER, STEVE 4096 SKYWAY DR NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EPPERLY, JR 4164 SKYWAY DR NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T →	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPERLY, LLOYD 4164 SKYWAY DR NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONE, BARBARA & LARNA 4182 SKYWAY DR NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICIELI, JOHN 1429 ST CLAIR SHORES BLVD NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, DAVID 4212 SKYWAY DR NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, STEVE 4572 25 AVE SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFTON DON 4218 SKYWAY DR NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JR EPPERLY 1/27/05 239-774-1388 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

100000000



01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2952080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required