2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2006 8:00 am **Secretary of State** DOCUMENT # N28393 01-18-2006 90023 016 ****61.25 TRACT B OF SHADOWWOOD PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4164 SKYWAY DR 4164 SKYWAY DR NAPLES, FL 34112 NAPLES, FL 34112 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2952080 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EPPERLY, LLOYD Street Address (P.O. Box Number is Not Acceptable) 4164 SKYWAY DR NAPLES, FL 34112 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition HANCOCK, DAVID MINCIELI, DEBBIE NAME NAME 4212 SKYWAY DR. 4188 SKYWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP NAPLES FL 341112 CHANGE Addition ☐ Delete TITLE GRAFTON, DON 4218- SKYWAY DRIVE ---NAME: GRAFTON, DON NAME STREET ADDRESS 4218 SKYWAY DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 NAPLES FL 34112 CITY-ST-7P ☐ Delete TITLE Change Addition EPPERLY, JR ROBERTS, BILL NAME NAME 4164 SKYWAY DR 4206 SKYWAY UK. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-7IP 34112 MAPLES TITLE TITLE Delete Change ■ Addition NAME EPPERLY, LLOYD NAME 4164 SKYWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change MINCIELI, JOHN NAME NAME STREET ADDRESS 4188 SKYWAY DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Châpter 119, 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP"

VD 1

HOLDER 'STEVE'

4096 SKÝWAÝ DRIVE

NAPLES, FL 34112

-00 Cu

FILED

☐ Change

☐ Addition