

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 017 ****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**

40021334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2952080

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EPPERLY, LLOYD
4164 SKYWAY DR
NAPLES, FL 34112**

7. Name and Address of New Registered Agent

Name
JOY EPPERLY
Street Address (P.O. Box Number is Not Acceptable)
4164 SKYWAY DR
City
NAPLES FL Zip Code
34112

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, DAVID	
STREET ADDRESS	4212 SKYWAY DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAFTON, DON	
STREET ADDRESS	4218 SKYWAY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EPPERLY, JR	
STREET ADDRESS	4164 SKYWAY DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BISCORNET, BRUCE	
STREET ADDRESS	4176 SKYWAY DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MINCIELI, JOHN	
STREET ADDRESS	4188 SKYWAY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, BILL	
STREET ADDRESS	4096 SKYWAY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, BARBARA	
STREET ADDRESS	4182 SKYWAY DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BILL	
STREET ADDRESS	4096 SKYWAY DR	
CITY-ST-ZIP	NAPLES FL 34112	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-
Jan 31/08 274-1388