

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91353 016 ****70.00

DOCUMENT # N94000004473

1. Entity Name

SHADOWLAWN ASSOCIATION, INC.

Principal Place of Business

3805 THE LORD'S WAY
 NAPLES FL 34112
 US

Mailing Address

3805 THE LORD'S WAY
 NAPLES FL 34112
 US

2. Principal Place of Business

3805 The Lord's Way
 Suite, Apt. #, etc.

3. Mailing Address

3805 The Lord's Way
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34114

Country

Zip

34114

Country

4. FEI Number

65-0570201

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLORY, JAMES JR.
 2700 47TH TERR. S.W.
 NAPLES FL 34116

7. Name and Address of New Registered Agent

Name: Mallory, Rebecca

Street Address (P.O. Box Number is Not Acceptable)

3805 The Lord's Way

City

Naples

FL

Zip Code

34114

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.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/01/2001
 DATE

**FILE NOW:
 FEE IS \$61.25**

☒ Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALLORY, JAMES JR	
STREET ADDRESS	3805 THE LORD'S WAY	
CITY-ST-ZIP	NAPLES FL 34116 34114	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MALLORY, REBECCA	
STREET ADDRESS	6267 ADKINS AVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWELL, ROLAND	
STREET ADDRESS	5214 GILCHRIST ST	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HERMES	
STREET ADDRESS	4540 25TH CT SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINONAS, RALPH	
STREET ADDRESS	3438 POINCIANA ST	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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		

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:

[Signature] **RE REQUIRED**

5/01/2001 941-774-1165

CR2E037 (10/00)