

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003825 (4)**
1. Corporation Name

SHADOWMOSS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3434 CLEVELAND AVENUE FORT MYERS FL 33901	Mailing Address 3434 CLEVELAND AVENUE FORT MYERS FL 33901-7108
---	--

3. Date Incorporated or Qualified **07/19/1996** 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 65-0451602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KAPELA, RONALD
3430 CLEVELAND AVENUE
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent
81 Name **STEPHEN J. SLOAN**
82 Street Address (P.O. Box Number is Not Acceptable)
3434 CLEVELAND AVE.
83
84 City **FORT MYERS** FL 85 **33901**

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 *Stephen Sloan* **STEPHEN SLOAN PD** DATE **4/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KAPELA, RONALD
STREET ADDRESS	3434 CLEVELAND AVENUE
CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	VD <input type="checkbox"/> DELETE
NAME	POVIA, LAWRENCE
STREET ADDRESS	3434 CLEVELAND AVENUE
CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	STD <input type="checkbox"/> DELETE
NAME	BALLANTINE, DEAN
STREET ADDRESS	3434 CLEVELAND AVENUE
CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN J. SLOAN
1.3 STREET ADDRESS	3434 CLEVELAND AVE.
1.4 CITY-ST-ZIP	FORT MYERS FL 33901
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 zip address.

CR2E037 (9/96)