

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 8:21**

**DOCUMENT # P93000051111 (1)**

1. Corporation Name

**SHADOWOOD VILLAS, INC.**

Principal Place of Business

Mailing Address

**5027 TAMAMI TRAIL EAST  
NAPLES FL 33962**

**5027 TAMAMI TRAIL EAST  
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/16/1993** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0428897** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **2063 Trade Center Way**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Naples, FL**

28

Zip

Country

Zip

Country

24 **33942**

25 **Collier**

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THRUSHMAN, GENE  
5027 TAMAMI TRAIL EAST  
NAPLES FL 33962**

81 Name

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

**2063 Trade Center Way**

83

84 City **NAPLES**

FL

85 Zip Code **33942**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

**3/2/95**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
NAME **GORMAN, JAMES H**  
STREET ADDRESS **1125 7TH ST S.**  
CITY - ST - ZIP **NAPLES FL 33960**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**2063 Trade Center Way  
NAPLES, FL 33942**

TITLE **D**  
NAME **THRUSHMAN, GENE**  
STREET ADDRESS **5027 TAMAMI TRAIL EAST**  
CITY - ST - ZIP **NAPLES FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**2063 Trade Center Way  
NAPLES FL 33942**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*[Signature]*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/95**

DATE

**813-795-6740**

Telephone Number