

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743001

**Entity Name:** SHENANDOAH ESTATES, INC.

**Current Principal Place of Business:**

133 BLUE RIDGE DRIVE  
NAPLES, FL 34112

**Current Mailing Address:**

133 BLUE RIDGE DRIVE  
NAPLES, FL 34112 US

**FEI Number: 59-2410752**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

EVANS, JANICE  
133 BLUE RIDGE DRIVE  
NAPLES, FL 34112-3726 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FOLEY, DANIEL  
Address 106 BLUE RIDGE DRIVE  
City-State-Zip: NAPLES FL 34112

Title SD  
Name TRACY, KATHLEEN M  
Address 4250 HAWAII BLVD  
City-State-Zip: NAPLES FL 34112

Title VP  
Name MYERS, JACK  
Address 4230 HAWAII BLVD  
City-State-Zip: NAPLES FL 34112

Title TD  
Name WOODKE, BRET  
Address 140 BLUE RIDGE DRIVE  
City-State-Zip: NAPLES FL 34112

Title DR  
Name GILLETT, JOHN R JR.  
Address 4220 HAWAII BV  
City-State-Zip: NAPLES FL 34112

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL FOLEY**

**PRESIDENT**

**03/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date