

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01789 (9)**

1. Corporation Name

SHADOW RUN COMMUNITY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690 US	4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690 US

3. Date Incorporated or Qualified 03/06/1984	3a. Date of Last Report 04/03/1995
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number 59-2731348	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REIMER, FREDERICK 4800 MILE STRETCH DRIVE HOLIDAY FL 34690				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	D'AMICO, KATHY		1.2 NAME	Carol Nevins			
STREET ADDRESS	12519 KNOLLBROOK LANE		1.3 STREET ADDRESS	12516 Knollbrook Lane			
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	Hudson FL 34669			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROTH, GEORGE F.		2.2 NAME				
STREET ADDRESS	12508 FERNDAL COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WHITLEDGE, VIRGINIA		3.2 NAME				
STREET ADDRESS	12433 KNOLLBROOK LANE		3.3 STREET ADDRESS	12519			
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JESKE, ERVIN		4.2 NAME				
STREET ADDRESS	12505 GLENDALE COURT		4.3 STREET ADDRESS				
CITY-ST-ZIP	HUDSON FL		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GROBECK, MICHAEL		5.2 NAME				
STREET ADDRESS	12436 FERNDAL CT		5.3 STREET ADDRESS				
CITY-ST-ZIP	HUDSON FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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 an address.

SIGNATURE: Virginia N. Whitledge DATE: Apr. 13 '96 (813) 856-3198

CR2E037 (12/95)