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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO1789 (9)
1. Corporation Name
SHADOW RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business 40347 US 19 North Suite 201 Tarpon Springs, Fl 34689	Mailing Address c/o I&J Property Mgmt P O Box 695 Tarpon Springs, Fl 34689
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3. Date Incorporated or Qualified 03/06/1984	
4. FEI Number 59-2731348	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 40347 US 19 North Suite, Apt #, etc. 22 Suite 201 City & State 23 Tarpon Springs, Fl Zip Country 24 34689 25 Pinellas	2a. Mailing Address 26 P.O. Box 695 Suite, Apt #, etc. 27 City & State 28 Tarpon Springs, Fl Zip Country 29 34689 30 Pinellas
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9. Name and Address of Current Registered Agent

81 Name Karagianis, Irene
82 Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 North
83 Suite 201
84 City Tarpon Springs, FL
85 Zip Code 34689

10. Name and Address of New Registered Agent

81 Name Karagianis, Irene
82 Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 North
83 Suite 201
84 City Tarpon Springs, FL
85 Zip Code 34689

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 Irene Karagianis-Agent *Irene Karagianis* April 9, 1998
Signature, typed or printed name of registered agent and title, if applicable. (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D'Amico, Kathleen		1.2 NAME	
STREET ADDRESS 12519 Knollbrook Lane		1.3 STREET ADDRESS	
CITY-ST-ZIP Hudson, Fl 34669		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Roth, George		2.2 NAME	
STREET ADDRESS 12508 Ferndale Court		2.3 STREET ADDRESS	
CITY-ST-ZIP Hudson, Fl 34669		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mann, Harry		3.2 NAME	
STREET ADDRESS 12509 Glendale Court		3.3 STREET ADDRESS	
CITY-ST-ZIP Hudson, Fl 34669		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Grobeck, Mike		4.2 NAME	
STREET ADDRESS 12436 Ferndale Court		4.3 STREET ADDRESS	
CITY-ST-ZIP Hudson, Fl 34669		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeske, Erwin		5.2 NAME	
STREET ADDRESS 12505 Glendale Court		5.3 STREET ADDRESS	
CITY-ST-ZIP Hudson, Fl 34669		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	

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14. 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 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: Kathleen D'Amico Kathleen D'Amico 4-10-98 813-942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)