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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01789

1. Corporation Name
SHADOW RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business 40347 US 19 NORTH STE. 201 TARPON SPRINGS FL 34689 US	Mailing Address PO BOX 695 TARPON SPRINGS FL 34689
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 03/06/1984	4. FEI Number 59-2731348
		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

9. Name and Address of Current Registered Agent KARAGIANIS, IRENE 40347 US 19 NORTH STE. 201 TARPON SPRINGS FL 34689	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, GEORGE F.	1.2 NAME	PICK, JOYCE
STREET ADDRESS	12508 FERNDAL COURT	1.3 STREET ADDRESS	12525 KNOLLBROOK LANE
CITY-ST-ZIP	HUDSON FL 34669	1.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, KATHLEEN	2.2 NAME	
STREET ADDRESS	12519 KNOLLBROOK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34669	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESKE, ERVIN	3.2 NAME	MACALUSO, NORMA
STREET ADDRESS	12505 GLENDALE COURT	3.3 STREET ADDRESS	12510 GLENDALE COURT
CITY-ST-ZIP	HUDSON FL 34669	3.4 CITY-ST-ZIP	HUDSON FL 34669
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	WEGNER, ANITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROBECK, MICHAEL	4.2 NAME	
STREET ADDRESS	12436 FERNDAL CT	4.3 STREET ADDRESS	12508 GLENDALE COURT
CITY-ST-ZIP	HUDSON FL 34669	4.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, HARRY	5.2 NAME	MUMICH, PATRICIA
STREET ADDRESS	12509 GLENDALE CT.	5.3 STREET ADDRESS	12503 GLENDALE CT
CITY-ST-ZIP	HUDSON FL 34669	5.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: 2/10/99 DAYTIME PHONE #: 727-942-4755

CR2E037 (1/198)