

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90023 013 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01789

1. Entity 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 34688-0695
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2. Principal Place of Business 10730 U. S. 19	3. Mailing Address 10730 U. S. 19
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Suite, Apt. #, etc. Suite 17	Suite, Apt. #, etc. Suite 17
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City & State Port Richey, FL	City & State Port Richey, FL
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4. FEI Number 59-2731348	Applied For Not Applicable
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Zip 34668	Country Pasco	Zip 34668	Country Pasco
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARAGIANIS, IRENE
 40347 US 19 NORTH
 STE. 201
 TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 Name **Russ Peate**
 Street Address (P.O. Box Number is Not Acceptable)
 10730 U. S. 19
 Suite 17
 City **Port Richey** **FL** Zip Code **34668**

8. 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 *Russ Peate*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICK, JOYCE 12525 KNOLL BROOK LANE HUDSON FL 34669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, KATHLEEN 12519 KNOLLBROOK LANE HUDSON FL 34669 -- <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V MACALUSO, NORMA 12505 GLENDALE COURT HUDSON FL 34669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEGNER, ANITA 12508 GLENDALE COURT HUDSON FL 34669 -- <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUMICH, PATRICIA 12503 GLENDALE CT HUDSON FL 34669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Creighton, William 12541 Knollbrook Lane Hudson, FL 34669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Branciforte, Vinnie 12501 Ferndale Court Hudson, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russ Peate* **3/28/00** 1 722 869 9700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)