

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90354 046 ****70.00

DOCUMENT # N01789

1. Entity Name

SHADOW RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10730 US 19
 STE 17
 PORT RICHEY FL 34668
 US

10730 US 19
 STE 17
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2731348

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

A0028004



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEATE, RUSS
 10730 US 19
 STE 17
 PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PIGK, JOYGE	12525 KNOLL BROOK LANE	HUDSON FL 34669	<input checked="" type="checkbox"/>
TD	GREIGHTON, WILLIAM	12541 KNOLLBROOK LN	HUDSON FL 34669	<input checked="" type="checkbox"/>
D	MAGALUSO, NORMA	12505 GLENDALE COURT	HUDSON FL 34669	<input checked="" type="checkbox"/>
D	BRANCIFORTE, VINNIE	12501 FERNDAL CT	HUDSON FL 34669	<input type="checkbox"/>
SD	MUMICH, PATRICIA	12503 GLENDALE CT	HUDSON FL 34669	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Morris, Tom	12521 Hollybrook Lane	Hudson, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Jeske, Ervin	12505 Glendale Ct.	Hudson, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Coats, Michele	12412 Hollybrook Ln.	Hudson, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *SIGNATURE REQUIRED* 03/05/01 Peris 2/28/01 1227 869-9700

CR2E037 (10/00)