


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State


04-14-2004 90059 042 ****61.25

DOCUMENT # N01789 1. Entity Name SHADOW RUN COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 10730 US 19 STE 17 PORT RICHEY FL 34668 US	Mailing Address 10730 US 19 STE 17 PORT RICHEY FL 34668 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-2731348	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD MACEIKIS, JOSEPH	<input type="checkbox"/>
NAME	12624 CHERRYDALE	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE	GD	<input type="checkbox"/>
NAME	ONANIAN, MARGARET	
STREET ADDRESS	12432 FERNDAL COURT	
CITY-ST-ZIP	HUDSON FL	
TITLE	GF	<input type="checkbox"/>
NAME	COATS, MICHELE	
STREET ADDRESS	12412 HOLLYBROOK LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SPAGNUOLO, VICTORIA	
STREET ADDRESS	12618 HOLLYBROOK LANE	
CITY-ST-ZIP	HUDSON FL 34668	
TITLE	SD	<input type="checkbox"/>
NAME	MUMICH, PATRICIA	
STREET ADDRESS	12503 GLENDALE CT	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Brooks, Steve		
STREET ADDRESS	12440 Knollbrook Lane		
CITY-ST-ZIP	Hudson, FL		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Patricia A. Mumich (Sec) 4-7-04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #