


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 041 ****61.25

DOCUMENT # N01789			
1. Entity Name SHADOW RUN COMMUNITY ASSOCIATION, INC.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042006		Chg-NP	CR2E037 (11/05)
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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERG, ROBERT L QUALIFIED PROPERTY MANAGMNT, INC 10730 US HWY 19 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPAGNUOLA, VICTORIA 12518 HOLLYBROOK LANE HUDSON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Friedman, Harvey 10730 U.S. 19, Suite 17 Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ONANIAN, MARGARET 12432 FERDALE COURT HUDSON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Onanian, Margaret 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, GILBERT 12420 HOLLYBROOK LANE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Andrews, Gilbert 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROOKS, STEVE 12440 KNOLLBROOK LANE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Brooks, Steve 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SB MUMFHT, PATRICIA 42683 GLENDALE CT HUDSON, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Summers, Tom 10730 U.S. 19, Suite 17 Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Stephen D. Brooks</u>		STEPHEN D. BROOKS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/2/06	