

N01789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

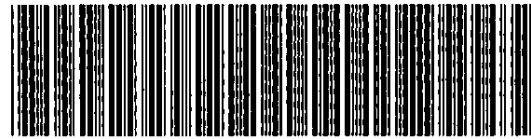
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BAON  
8/24/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shadow Run Community Association  
Name of Corporation

**DOCUMENT NUMBER:** N01789

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Woodruff  
Name of Contact Person

Realmanage LLC  
Firm/Company

4902 Eisenhower Blvd Ste 216  
Address

Tamp. FL 33634  
City/State and Zip Code

brenda.woodruff@realmanage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Woodruff at ( 813 ) 888-5718  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Shadow Run Community Association, Inc.
- 2. The principal office address: 4902 Eisenhower Blvd, Ste 216  
Tampa FL 33634
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 3/6/1984 Document number: NO1789
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Qualified Property Management, Inc.  
5901 US 19  
New Port Richey FL 34652

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- RealManage LLC  
4902 Eisenhower Blvd, Ste 216  
P.O. Box NOT acceptable  
Tampa FL 33634

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gail Bradford  
 Signature of an officer or director

Gail Bradford, Pres  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Wade Myers  
 Signature of Registered Agent

8/9/10  
 Date

If signing on behalf of an entity:

Wade Myers  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314