

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 MAR 17 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713541 (1)**  
1. Corporation Name  
**SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4266 MIDDLEBROOK LANE  
ORLANDO FL 32812**

Mailing Address  
**4266 MIDDLEBROOK LANE  
ORLANDO FL 32812**

3. Date Incorporated or Qualified  
**10/27/1967**

3a. Date of Last Report  
**06/28/1994**

4. FEI Number  
**59-1209398**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**9. Name and Address of Current Registered Agent**

**THOMAS, RAINEY  
4266 MIDDLEBROOK LANE  
ORLANDO FL 32812**

**10. Name and Address of New Registered Agent**

81 Name **Rainey, Thomas R.**

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

83

84 City **(Same)** **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>CULTON, TONYA</b>
STREET ADDRESS	<b>4285 TIDEWATER DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000 32812</b>
TITLE	<b>VD</b>
NAME	<b>GENNARO, PAT</b>
STREET ADDRESS	<b>4291 TIDEWATER DR</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000 FL 32813</b>
TITLE	<b>VP</b>
NAME	<b>SANDRA WILSON</b>
STREET ADDRESS	<b>4123 OLD DOMINION RD</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000 FL 32812</b>
TITLE	<b>T</b>
NAME	<b>THOMAS, RAINEY</b>
STREET ADDRESS	<b>4266 MIDDLEBROOK LANE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000 FL 32812</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Gennaro, Pat</b>	
1.3 STREET ADDRESS	<b>4291 Tidewater Dr</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sander, Dave</b>	
2.3 STREET ADDRESS	<b>4101 Old Dominion Rd</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Grarbrick, Sarah Lou</b>	
3.3 STREET ADDRESS	<b>4024 Luray Drive</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rainey, Thomas</b>	
4.3 STREET ADDRESS	<b>4266 Middlebrook Lane</b>	
4.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	
5.1 TITLE	<b>VDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D'Amico, Anita</b>	
5.3 STREET ADDRESS	<b>4019 Luray Drive</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**SP1 8/21**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**Thomas R. Rainey** **3/6/95** **407-857-0926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR