

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713541
1. Corporation Name

Shenandoah Park Residents Association, Inc

Principal Place of Business: 4266 Middlebrook Lane, Orlando, FL 32812-7927
Mailing Address: 4266 Middlebrook Lane, Orlando, FL 32812-7927

3. Date Incorporated or Qualified: 10/27/67
3a. Date of Last Report: 3/14/95
4. FEI Number: 59-1209398
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: Rainey, Thomas R., 4266 Middlebrook Lane, Orlando, FL 32812-7927
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: Gennaro, Pat STREET ADDRESS: 4291 Tidewater Dr CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	11 TITLE: 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Sander, Dave STREET ADDRESS: 4101 Old Dominion Road CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: D'AMICO, Anita STREET ADDRESS: 4019 Luray Drive CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Garbrick, Sarah Lou STREET ADDRESS: 4024 Luray Drive CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: Rainey, Tom STREET ADDRESS: 4266 Middlebrook Lane CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: Bebermeyer, Hazel STREET ADDRESS: 4312 Old Dominion Rd CITY-ST-ZIP: Orlando, FL 32812	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 617, 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, Treasurer
DATE: 3/7/96
DAYTIME PHONE #: (407) 851-0826

CR2E037 (12/95)