## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMAT OF STATE

## Sandra B. Mortham

1997

DOCUMENT #7/354/

Shenandoah Park Residents Association In

FILED Mar 07 1997 8:00am Secretary of State

Thehandoah Park Residents Association Inc										
4266	Middlebrook Lane do, FL 32812-7921	Mailing Address 426 Midd Orlando, F	lebra L33	.d.	Lune 2-7927	3. Date incorporated or Qualified	3a. Da	te of Last Ri		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	/ک ا	7/96 I IAD	oplied For	
21 26						59-1209398			t Applicable	
Suite, Apt #, etc Suite, Apt #, etc.						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State	·····			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
<b>23]</b> Zip	Country	Zip	Cou	untry		8. This corporation has liability for				
24	25	29	30			1 ' -	☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered /	igent		
$\mathcal{D}$	$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$			81	Name	•				
tainey, Inomae R				82 Street Address (P.O. Box Number is Not Acceptable)					<del></del>	
fainey, Thomas R 4266 Middlebruda Lane										
Orlando, FL 32812-7927				83						
011ang, 12 33812 1901				84 City 85 Zip				85 Zip (	Code	
44 Discourses	to the provisions of Sections 617.0502	and 617 1509 Florida Statu	toe the s	boug	named corp	pration submite this statement for the	Durosea of	changing it	e registered	
office or	registered agent, or both, in the State of	f Florida. Such change was	authorize	ed by I	the corporation	on's board of directors. I hereby acce	pt the app	pintment as	registered	
agent. La	am familiar with, and accept the obligati	ons of, Section 617.0503, F	lorida Sta	itutes.						
SIGNATURE	Star ators, typed or printed name of registered agent	and title diapplicable (NO	TE Registere	d Apeni	signature require	d when reinstaling)	DATE			
12.					3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				RS IN 12	
TiTLE	P D □ DELETE		1.1 T	1.1 TITLE				Change	Addition	
NAME	GENNARO, PAT			1.2 NAME						
STREET ADDRESS	4291 TIDEWATER	DR	1.3 \$	TREET A	ODRESS					
COV-ST AP	ORLANDO, FL 32	8/2	1.40	ITY-ST-	- ZIP					
THE	VP	DELETE	2.1 T	ITLE				Change	Addition	
NAME	MIKE KEYMONT		2.2 N	AME						
STREET ADDRESS	4031 LURAY DR.			2.3 STREET ADDRESS			•			
CITY-ST ZIP	OKLANDO, FL 3281		2.41	CITY-ST	- ZIP					
THE	VD	☐ DELETE	311					Change	Addition	
NAMI	SARAH LOW GARA		3.2 N	AME						
STREET ADDRESS	1		3.3 S	TREET A	address					
CITY ST-ZIP	ORLANDO, FL 3.	<u> </u>		CITY-ST	-ZIP			Channe	T Addition	
HILI	SD TO THE STATE OF	L DELETE	4.1.1					∐ Change	Addition	
NAME	JANE COLE 4256 TYDEWAT	C.4		NAME						
STREET ADDRESS					ADDRESS					
City St ZiP	ONLANDO, FL 3:	DELETE	4.4 C 5.1 T	HY-ST	- ZIP			Change	Addition	
DILI	TO RAINEY 4246 MIDDLEB	E DECENT		HLE IAME			١	ondings		
NAME CEOSE E MARRIEDE	yom knikey	0000 10			innetec		/	1 2.	1.90	
STREET ADDRESS	ANIANAS CE	KOUK KANI			ADDRESS			アンゴ	17	
CHTY - ST - ZIP TITLE	ORLANDO, F.C 3.	Z 8 / ≥ ☐ DELETE	611	HTY-ST	- LIF			Change	☐ Addition	
			621			90000021				
NAME Proces annuece					NDDRESS	9000021 -03/07/9701	UC01	115		
STREET ADDRESS						###\$1 JE #82\01\21_#0T	UQ3-"(	113		
City St ZiP 14. Ldo bare	by certify that the information supplied	with this filing does not qua	lify for the	exen	nption stated	<u> </u>	es I furthe	certify that	the	
Lam an d	by certily that the information supplied on indicated on this annual report or suplicor or director of the corporation or the Islock 12 or Block 13 if changed, or call the supplied in Block 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 12 or Block 13 if changed, or call the Islock 14 or Block 14 or Block 15 or Bloc	ie receiver or trustee empo	werea to	execur	ate and that ite this report	my signature shall have the same leg as required by Chapter 617, Florida	al effect as Statutes, a	if made und nd that my r	der oath; tha name	

ICER OR DIRECTOR