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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713541 (1)
 1. Corporation Name
SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.



Principal Place of Business 4266 MIDDLEBROOK LANE ORLANDO FL 32812-7927	Mailing Address 4266 MIDDLEBROOK LANE ORLANDO FL 32812-7927
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3. Date Incorporated or Qualified 10/27/1967		
4. FEI Number 59-1209398	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD DELETE
NAME	GENNARO, PAT
STREET ADDRESS	4291 TIDEWATER DR
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	VD <input type="checkbox"/> DELETE
NAME	KEYMONT, MIKE
STREET ADDRESS	4031 LURAY DR.
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	VD <input type="checkbox"/> DELETE
NAME	GARBICK, SARAH LOU
STREET ADDRESS	4024 LURAY DRIVE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	T <input type="checkbox"/> DELETE
NAME	RAINEY, THOMAS
STREET ADDRESS	4266 MIDDLEBROOK LANE
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	SD <input type="checkbox"/> DELETE
NAME	COLE, JANE
STREET ADDRESS	4256 TIDEWATER
CITY-ST-ZIP	ORLAND FL 32812
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Johnson, Wade
1.3 STREET ADDRESS	4255 Tidewater Dr
1.4 CITY-ST-ZIP	Orlando, FL 32812
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/9/98

CR2E037 (10/97)