

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713541

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1209398	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAINEY, THOMAS R 4266 MIDDLEBROOK LANE ORLANDO FL 32812-7927				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WADE			1.2 NAME			
STREET ADDRESS	4255 TIDEWATER DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEYMONT, MIKE			2.2 NAME	BESNER, CINDY		
STREET ADDRESS	4031 LURAY DR.			2.3 STREET ADDRESS	4273 TIDEWATER DR		
CITY-ST-ZIP	ORLANDO FL 32812			2.4 CITY-ST-ZIP	ORLANDO, FL 32812		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBRICK, SARAH LOU			3.2 NAME			
STREET ADDRESS	4024 LURAY DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAINEY, THOMAS			4.2 NAME			
STREET ADDRESS	4266 MIDDLEBROOK LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, JANE			5.2 NAME			
STREET ADDRESS	4256 TIDEWATER			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLAND FL 32812			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/7/99 (407) 851-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)