

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 022 ****61.25

DOCUMENT # 713541

1. Entity Name

SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC. ✓

Principal Place of Business

4002 Old Dominion Rd
~~4266 MIDDLEBROOK LANE~~
 ORLANDO FL 32812-7927

Mailing Address

4002 Old Dominion Rd
~~4266 MIDDLEBROOK LANE~~
 ORLANDO FL 32812-7927

2. Principal Place of Business

4002 Old Dominion Rd
 Suite, Apt. #, etc.

3. Mailing Address

4002 Old Dominion Rd
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-1209398

Applied For

Not Applicable

Zip

32812

Country

Orange

Zip

32812

Country

Orange

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAINEY, THOMAS R
 4266 MIDDLEBROOK LANE
 ORLANDO FL 32812-7927

MARY NEAL
 4002 Old Dominion Rd
 Orlando, FL 32812

7. Name and Address of New Registered Agent

Name **Mary Neal**
 Street Address (P.O. Box Number is Not Acceptable) **4002 Old Dominion Rd**
 City **Orlando** **FL** Zip Code **32812**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Mary Neal Mary Neal 7-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WADE	
STREET ADDRESS	4255 TIDEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BESHER, CINDY	
STREET ADDRESS	4273 TIDEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARBRICK, SARAH LOU	
STREET ADDRESS	4024 LURAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Lemay	
STREET ADDRESS	4330 Old Dominion Rd	
CITY-ST-ZIP	Orlando FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Neal	
STREET ADDRESS	4002 Old Dominion Rd	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Neal **SIGNATURE REQUIRED** Mary Neal 7-18-00 407-856-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #