

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90025 009 \*\*\*\*61.25

**DOCUMENT # 713541**

1. Entity Name

**SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4002 OLD DOMINION RD  
 ORLANDO FL 32812-7927**

**4002 OLD DOMINION RD  
 ORLANDO FL 32812-7927**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1209398**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NEAL, MARY  
 4002 OLD DOMINION RD  
 ORLANDO FL 32812**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMAY, KEVIN	
STREET ADDRESS	4330 OLD DOMINION RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BESHER, CINDY	
STREET ADDRESS	4273 TIDEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARBRICK, SARAH LOU	
STREET ADDRESS	4024 LURAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEAL, MARY	
STREET ADDRESS	4002 OLD DOMINION RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input checked="" 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		

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		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley, Patricia	
STREET ADDRESS	4100 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Kim	
STREET ADDRESS	4301 Old Dominion Rd	
CITY-ST-ZIP	Orlando, FL 32812	
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*

Date: *1/5/02* Daytime Phone #: *407-856-6755*

CR2E037 (9/01)