


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90017 013 ****70.00

DOCUMENT # 713541
1. Entity Name
SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.



Principal Place of Business: **4002 OLD DOMINION RD ORLANDO FL 32812-7927**
Mailing Address: **4002 OLD DOMINION RD ORLANDO FL 32812-7927**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-1209398**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**NEAL, MARY
4002 OLD DOMINION RD
ORLANDO FL 32812**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: Mary Neal Mary Neal, Treasurer DATE: 2/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, THOMAS	
STREET ADDRESS	4257 MIDDLEBROOK LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLAIN, BRUCE	
STREET ADDRESS	4128 OLD DOMINION RD	
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 type="checkbox"/> Delete
NAME	RAINEY, JOAN	
STREET ADDRESS	4266 MIDDLEBROOK LANE	
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	VD	<input type="checkbox"/> Delete
NAME	SHELLEY, KEVIN	
STREET ADDRESS	4100 OLD DOMINION RD	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Reynolds	
STREET ADDRESS	4042 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		
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 Mary Neal DATE: 2/19/04 DAYTIME PHONE #: 407-856-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR