

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90014 022 ****70.00



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

Principal Place of Business
4291 TIDEWATER DRIVE
ORLANDO, FL 32812

Mailing Address
4291 TIDEWATER DRIVE
ORLANDO, FL 32812



2. Principal Place of Business
4304 Tidewater Dr
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02192006 Chg-NP CR2E037 (11/05)

City & State
Orlando FL.

City & State

4. FEI Number
59-1209398

Applied For
 Not Applicable

Zip
32812

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent
GREEN, REBECCA M
4291 TIDEWATER DRIVE
ORLANDO, FL 32812

7. Name and Address of New Registered Agent
 Name **Rebecca M Green**
 Street Address (P.O. Box Number is Not Acceptable)
4298 Tidewater Drive
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rebecca M Green* **2-19-06**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, THOMAS 4257 MIDDLEBROOK LANE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, RICHARD 4042 OLD DOMINION RD ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, REBECCA M 4291 TIDEWATER DRIVE ORLANDO, FL 32812 <input type="checkbox"/> Delete	T Green Rebecca M 4298 Tidewater Dr Orlando FL. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALMER, JOANNE 4263 MIDDLEBROOK LANE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCALL, TIM 4307 OLD DOMINION RD ORLANDO, FL 32812 <input type="checkbox"/> Delete	VD MCCALL, TIM 4307 OLD DOMINION Rd ORLANDO FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I be empowered.

SIGNATURE: *Rebecca M Green* **2-19-06** (407) 858-9439
 Signature and typed or printed name of signing officer or director Date Daytime Phone #