


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

06-12-2007 90110 022 \*\*\*\*70.00

<b>DOCUMENT # 713541</b>	
1. Entity Name <b>SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>4304 TIDEWATER DRIVE ORLANDO, FL 32812</b>	Mailing Address <b>4304 TIDEWATER DRIVE ORLANDO, FL 32812</b>
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**40120479**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4298 Tidewater Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orlando Florida</b>	
Zip	Country	Zip	Country
<b>32812</b>	<b>USA</b>	<b>32812</b>	<b>USA</b>

06062007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1209398</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GREEN, REBECCA M 4298 TIDEWATER DRIVE ORLANDO, FL 32812</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, THOMAS			NAME	Lemay, Kevin		
STREET ADDRESS	4257 MIDDLEBROOK LANE			STREET ADDRESS	4330 Old Dominion Road		
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP	Orlando FL 32812		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, RICHARD			NAME			
STREET ADDRESS	4042 OLD DOMINION RD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, REBECCA M			NAME	Green, Rebecca M		
STREET ADDRESS	4298 TIDEWATER DR			STREET ADDRESS	4298 Tidewater Dr.		
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP	Orlando, FL 32812		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, JOANNE			NAME			
STREET ADDRESS	4263 MIDDLEBROOK LANE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALL, TIM			NAME	Carter, Aaron		
STREET ADDRESS	4307 OLD DOMINION RD			STREET ADDRESS	4279 Tidewater Dr.		
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP	Orlando, FL 32812		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 like empowered.

**SIGNATURE:** Rebecca M Green Rebecca M Green 05-01-07 407-858-9439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #