


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90035 045 \*\*\*\*61.25

<b>DOCUMENT # 713541</b>					
1. Entity Name SHENANDOAH PARK RESIDENT'S ASSOCIATION, INC.					
Principal Place of Business 4304 TIDEWATER DRIVE ORLANDO, FL 32812			Mailing Address 4298 TIDEWATER DR ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # 4284 Middlebrook Lane		3. Mailing Address 4284 Middlebrook Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-1209398	
Zip 32812		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, REBECCA M 4298 TIDEWATER DRIVE ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name: Wagner, Elizabeth C. Street Address (P.O. Box Number is Not Acceptable): 4284 Middlebrook Lane 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: <u>Elizabeth C Wagner</u>				DATE: <u>5/8/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEMAY, KEVIN		NAME		
STREET ADDRESS	4330 OLD DOMINION ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, RICHARD		NAME	Schwenk, Steve	
STREET ADDRESS	4042 OLD DOMINION RD		STREET ADDRESS	4239 Yorketowne Road	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando, FL 32812	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, REBECCA M		NAME	Wagner, Elizabeth C.	
STREET ADDRESS	4298 TIDEWATER DR		STREET ADDRESS	4284 Middlebrook Lane	
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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, AARON		NAME	Jones, Thomas	
STREET ADDRESS	4279 TIDEWATER DR		STREET ADDRESS	4257 Middlebrook Lane	
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: <u>Elizabeth C Wagner</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Elizabeth C Wagner		Date: <u>5/8/08</u>	
				Daytime Phone #: <u>4078593663</u>	