


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 713541 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. 5		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><i>Elizabeth C Wagner</i></u> DATE <u>5/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD LEMAI, KEVIN 4330 OLD DOMINION ROAD 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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Schwenk, Steve 4239 Yorketowne Road Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREEN, REBECCA M 4298 TIDEWATER DR ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Wagner, Elizabeth C. 4284 Middlebrook Lane Orlando, FL 32812
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	VD CARTER, AARON 4279 TIDEWATER DR ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Jones, Thomas 4257 Middlebrook Lane Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 like empowered.					
SIGNATURE: <u><i>Elizabeth C Wagner</i></u> <u>Elizabeth C Wagner</u> <u>5/8/08</u> <u>4078593663</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					