

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90151 037 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1209398**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEAL, MARY
4002 OLD DOMINION RD
ORLANDO FL 32812**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMAY, KEVIN <input checked="" type="checkbox"/> Delete 4330 OLD DOMINION RD ORLANDO FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jones, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4257 Middlebrook Lane Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELLEY, PATRICIA <input checked="" type="checkbox"/> Delete 4100 OLD DOMINION RD ORLANDO FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - 1st Chamberlain, Bruce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4128 Old Dominion Rd Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, MARY <input type="checkbox"/> Delete 4002 OLD DOMINION RD ORLANDO FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - 2nd Shelley, Kevin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 Old Dominion Rd Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, KIM <input checked="" type="checkbox"/> Delete 4301 OLD DOMINION RD ORLAND FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rainey, Joan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4266 Middlebrook Lane Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Neal, Mary <input type="checkbox"/> Change <input type="checkbox"/> Addition 4002 Old Dominion Rd Orlando, FL 32812
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 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:

Signature Required Neal

1/9/03

407-856-6755

CR2E037 (10/02)