

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01789 (9)**

1. Corporation Name  
**SHADOW RUN COMMUNITY ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690 US	4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690 US

3. Date Incorporated or Qualified <b>03/06/1984</b>	3a. Date of Last Report <b>04/03/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2731348</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**REIMER, FREDERICK  
4800 MILE STRETCH DRIVE  
HOLIDAY FL 34690**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD D'AMICO, KATHY 12519 KNOLLBROOK LANE HUDSON FL	1.1 TITLE	SD Carol Nevins
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	12516 Knollbrook Lane
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Hudson FL 34669
TITLE	VD ROTH, GEORGE F. 12508 FERNDAL COURT HUDSON FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS WHITLEDGE, VIRGINIA 12433 KNOLLBROOK LANE HUDSON FL	3.1 TITLE	PD
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	12519
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D JESKE, ERVIN 12505 GLENDALE COURT HUDSON FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD GROBECK, MICHAEL 12436 FERNDAL CT HUDSON FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia H. Whitledge* Apr. 13 '96 (813) 856-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)