

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01789 (9)  
1. Corporation Name  
SHADOW RUN COMMUNITY ASSOCIATION, INC.



Principal Place of Business 4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690 US		Mailing Address 4800 MILE STRETCH DRIVE P O BOX 3370 HOLIDAY FL 34690-0370 US		3. Date Incorporated or Qualified 03/06/1984	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2731348	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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	
		FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD NEVINS, CAROL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12519 KNOLLBROOK LANE	1.2 NAME	
STREET ADDRESS	HUDSON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ROTH, GEORGE F.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12508 FERNDAL COURT	2.2 NAME	
STREET ADDRESS	HUDSON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD WHITLEDGE, VIRGINIA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12433 KNOLLBROOK LANE	3.2 NAME	
STREET ADDRESS	HUDSON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JESKE, ERVIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12505 GLENDALE COURT	4.2 NAME	
STREET ADDRESS	HUDSON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD GROBECK, MICHAEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12436 FERNDAL CT	5.2 NAME	
STREET ADDRESS	HUDSON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)