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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01789

1. Corporation Name

SHADOW RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business

40347 US 19 NORTH
 STE. 201
 TARPON SPRINGS FL 34689
 US

Mailing Address

PO BOX 695
 TARPON SPRINGS FL 34689



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2731348	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KARAGIANIS, IRENE
 40347 US 19 NORTH
 STE. 201
 TARPON SPRINGS FL 34689

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	VD	1.1 TITLE	PD
NAME	ROTH, GEORGE F.	1.2 NAME	PICK, JOYCE
STREET ADDRESS	12508 FERNDAL COURT	1.3 STREET ADDRESS	12525 KNOLLBROOK LANE
CITY-ST-ZIP	HUDSON FL 34669	1.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	PD	2.1 TITLE	D
NAME	D'AMICO, KATHLEEN	2.2 NAME	
STREET ADDRESS	12519 KNOLLBROOK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34669	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VP/D
NAME	JESKE, ERVIN	3.2 NAME	MACALUSO, NORMA
STREET ADDRESS	12505 GLENDALE COURT	3.3 STREET ADDRESS	12510 GLENDALE COURT
CITY-ST-ZIP	HUDSON FL 34669	3.4 CITY-ST-ZIP	HUDSON FL 34669
TITLE	TD	4.1 TITLE	WEGNER, ANITA
NAME	GROBECK, MICHAEL	4.2 NAME	
STREET ADDRESS	12436 FERNDAL CT	4.3 STREET ADDRESS	12508 GLENDALE COURT
CITY-ST-ZIP	HUDSON FL 34669	4.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	SD	5.1 TITLE	S/D
NAME	MANN, HARRY	5.2 NAME	MUMICH, PATRICIA
STREET ADDRESS	12509 GLENDALE CT.	5.3 STREET ADDRESS	12503 GLENDALE CT
CITY-ST-ZIP	HUDSON FL 34669	5.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 2/10/99 DAYTIME PHONE #: 727-942-4755

CR2E037 (1/198)