


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 041 ****61.25

DOCUMENT # N01789			
1. Entity Name SHADOW RUN COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 10730 US 19 STE 17 PORT RICHEY, FL 34668 US		Mailing Address 10730 US 19 STE 17 PORT RICHEY, FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01042006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2731348	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERG, ROBERT L QUALIFIED PROPERTY MANAGMENT, INC 10730 US HWY 19 PORT RICHEY, FL 34668		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	PD SPAGNUOLA, VICTORIA <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Friedman, Harvey
STREET ADDRESS	12518 HOLLYBROOK LANE --	STREET ADDRESS	10730 U.S. 19, Suite 17
CITY - ST - ZIP	HUDSON, FL -----	CITY - ST - ZIP	Port Richey, FL
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONANIAN, MARGARET --	NAME	Onanian, Margaret
STREET ADDRESS	12432 FERDALE COURT -----	STREET ADDRESS	10730 U.S. 19, Suite 17
CITY - ST - ZIP	HUDSON, FL --	CITY - ST - ZIP	Port Richey, FL
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GILBERT --	NAME	Andrews, Gilbert
STREET ADDRESS	12420 HOLLYBROOK LANE --	STREET ADDRESS	10730 U.S. 19, Suite 17
CITY - ST - ZIP	HUDSON, FL - 34669 --	CITY - ST - ZIP	Port Richey, FL
TITLE	DT <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, STEVE	NAME	Brooks, Steve
STREET ADDRESS	12440 KNOLLBROOK LANE --	STREET ADDRESS	10730 U.S. 19, Suite 17
CITY - ST - ZIP	HUDSON, FL - 34669	CITY - ST - ZIP	Port Richey, FL
TITLE	SB <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMICH, PATRICIA --	NAME	Summers, Tom
STREET ADDRESS	42603 GLENDALE CT --	STREET ADDRESS	10730 U.S. 19, Suite 17
CITY - ST - ZIP	HUDSON, FL - 34668	CITY - ST - ZIP	Port Richey, FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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>Stephen D. Brooks</u>		STEPHEN D. BROOKS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		3/2/06	
		Daytime Phone #	