2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01789

FILED Apr 11, 2007 Secretary of State

Entity Name: SHADOW RUN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10730 US 19 5901 US 19 STE 17 SUITE 7Q

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

10730 US 19 5901 US 19 STE 17 SUITE 7Q

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2731348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERG, ROBERT L QUALIFIED PROPERTY MGMT, INC.

QUALIFIED PROPERTY MANAGMENT, INC QUALIFIED PROPERTY MANAGMENT, INC

10730 US HWY 19 5901 US 19

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY A. WHITE 04/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 FREIDMAN, HARVEY
 Name:
 FREIDMAN, HARVEY

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 US 19 SUITE 7Q

City-St-Zip: PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete Title: VD (X) Change () Addition

Name: ONANIAN, MARGARET Name: SUMMERS, THOMAS

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 US 19 SUITE 7Q

 City-St-Zip:
 PORT RICHEY, FL
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

Title: D () Delete Title: TD (X) Change () Addition

Name: ANDREWS, GILBERT Name: BROOKS, STEVE

Address: 10730 US 19 SUITE 17 Address: 5901 US 19 7Q

City-St-Zip: PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete Title: SD (X) Change () Addition Name: BROOKS, STEVE Name: MUMICH, PATRICIA

Address: 10730 US 19 SUITE 17 Address: 5901 US 19 SUITE 7Q
City St 7ip: DOPT PICHEY EL 24652

City-St-Zip: PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete Title: D (X) Change () Addition Name: SUMMERS, TOM Name: ANDREWS, GILBERT

 Name:
 SUMMERS, TOM
 Name:
 ANDREWS, GILBERT

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 US 19 SUTIE 7Q

City-St-Zip: PORT RICHEY, FL US City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A WHITE CEO 04/11/2007