

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 25, 2008  
Secretary of State

DOCUMENT# N01789

Entity Name: SHADOW RUN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

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

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

QUALIFIED PROPERTY MGMT, INC.  
QUALIFIED PROPERTY MANAGMENT, INC  
5901 US 19  
NEW PORT RICHEY, FL 34652 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREIDMAN, HARVEY  
Address: 5901 US 19 SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Delete  
Name: SUMMERS, THOMAS  
Address: 5901 US 19 SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: BROOKS, STEVE  
Address: 5901 US 19 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: MUMICH, PATRICIA  
Address: 5901 US 19 SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: ANDREWS, GILBERT  
Address: 5901 US 19 SUTIE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 WHITE

CEO

03/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date