2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 29, 2012 DOCUMENT# N01789 Secretary of State

Entity Name: SHADOW RUN COMMUNITY ASSOCIATION, INC.

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

4902 EISENHOWER BLVD. 5901 US HWY. 19

STE 216 STE 7Q

TAMPA, FL 33634 NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

P O BOX 803555 5901 US HWY. 19

DALLAS, TX 75380 US STE 7Q

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:

C T CORPORATION SYSTEM QUALIFIED PROPERTY MANAGEMENT, INC. C/O C T CORPORATION SYSTEM 5901 US HWY. 19

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 06/29/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

FRIEDMAN, HARVEY Name: Address: 5901 US HWY. 19, STE. 7Q City-St-Zip: TAMPA, FL 34652 US

Title:

Name: SUMMERS, THOMAS Address: 5901 US HWY, 19, STE, 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 FL

Title: **TREA**

BROOKS, STEVE Name: 5901 US HWY. 19, STE. 7Q Address: City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC

Name: MUMICH, PAT

5901 US HWY. 19, STE. 7Q Address: City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: HARVEY FRIEDMAN **PRES** 06/29/2012