

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000614 1. Entity Name SHENANDOAH PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business <input type="checkbox"/> Mailing Address <input type="checkbox"/> 17499 MCGREGOR BOULEVARD FORT MYERS FL 33908		 1st MOORE CR2E037 (10/04)	
2. Principal Place of Business	3. Mailing Address		4. FEI Number 56-2364861 <input type="checkbox"/> Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country		
6. Name and Address of Current Registered Agent NAUMANN, MARK 17499 MCGREGOR BOULEVARD FORT MYERS FL 33908		7. Name and Address of New Registered Agent 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 _____		DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P NAUMANN, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17499 MCGREGOR BLVD.	NAME	
STREET ADDRESS	FORT MYERS FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	U00000324503 04/22/05-80095-018-01-25
TITLE	S CROSS, CARRIE M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17499 MCGREGOR BLVD.	NAME	
STREET ADDRESS	FORT MYERS FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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	
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	
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 exemption stated in Section 119.07(3)(i), 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:  **MARK NAUMANN** 4-20-05 239-454-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #