

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 038 ****61.25

DOCUMENT # N03000006293

1. Entity Name
SHENANDOAH COMMUNITY ASSOCIATION OF CITRUS
COUNTY, INC.



Principal Place of Business
P.O. BOX 1882
INVERNESS, FL 34452

Mailing Address
P.O. BOX 1882
INVERNESS, FL 34452

2. Principal Place of Business - No P.O. Box #
2541 N Reston Terrace

3. Mailing Address
2541 N Reston Terrace

City & State
Hernando FL

City & State
Hernando FL

Zip
34442

Country
USA

Zip
34442

Country
USA

40110953



04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
55-0843410

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEPTOLA, LINDA
2541 NORTH RESTON TERR
HERNANDO, FL 34442

7. Name and Address of New Registered Agent
Name
Villages Services Cooperative Inc
Street Address (P.O. Box Number is Not Acceptable)
2541 N Reston Terrace
City
Hernando FL Zip Code
34442

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 [Signature] acct DATE 4/25/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD CUBLETE, ROLAND 429 NORTH CHERRY POP DR INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	TITLE P	Michelle Soik 482 N Lake Shenandoah Loop Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD	VPD BOCKER, DAVID 66 HALSEY MANOR RD MANORVILLE, NY 11949 <input type="checkbox"/> Delete	TITLE VP	John Caldwell 3075 W Dixon Drive Citra Springs FL 34434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DST	DST MAST, CHRIS 581 E GULF TO LAKES HWY LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE Nast, Chris	Nast, Chris 162 E Rehill Street Lee auto FL 34401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	STD MAST, CHRIS 168 EAST REHILL ST LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE P	Cornelius Fox 1055 E Liberty St Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Chris Nast DATE 4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR