## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006293

FILED Apr 29, 2008 Secretary of State

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

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

2541 N RESTOA TERR. 2541 N RESTON TERR. HERNANDO, FL 34442 HERNANDO, FL 34442

Current Mailing Address: New Mailing Address:

2541 N RESTOA TERR. 2541 N RESTON TERR. HERNANDO, FL 34442 HERNANDO, FL 34442

FEI Number: 55-0843410 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:

VILLAGES SERVICES CORP. INC
2541 N RESTOA TERR.
HERNANDO, FL 34442 US

VILLAGES SERVICES CORP. INC
2541 N RESTON TERR.
HERNANDO, FL 34442 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: GERALYN O'BRIEN -VILLAGES SERVICES CORP. 04/29/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: SOIK, MICHELLE Name: SOIK, MICHELLE
Address: 482 LAKE SHENONDOAL LOOP Address: 482 LAKE SHENONDOAH LOOP

City-St-Zip: HERNANDO, FL 34442 City-St-Zip: INVERNESS, FL 34453

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: BOCKER, DAVID Name: FOX, NEIL

Address: 66 HALSEY MANOR RD Address: 1055 E LIBERTY STREET
City-St-Zip: MANORVILLE, NY 11949 City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 NAST, CHRIS
 Name:
 NAST, CHRIS

 Address:
 162 E TECHELL ST.
 Address:
 162 E REEHILL ST.

 City-St-Zip:
 LECANTO, FL 34461
 City-St-Zip:
 LECANTO, FL 34461

 Name:
 CORNELIUS, FOX
 Name:
 LEDBETTER, CLIFF

 Address:
 1055 E. LIBERTY ST.
 Address:
 1579 E RIDGELINE PATH

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 INVERNESS, FL 34453

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

 Name:
 Name:
 OUELLETTE, ROLAND

 Address:
 Address:
 1615 E RIDGELINE PATH

 City-St-Zip:
 City-St-Zip:
 INVERNESS, FL 34453

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: MICHELLE SOIK PD 04/29/2008