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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51212 (1)  
1. Corporation Name  
SHENANDOAH OWNERS ASSOCIATION, INC.



Principal Place of Business: 2017 NW 77 STR, GAINESVILLE FL 32606 US  
Mailing Address: P O BOX 7026, GAINESVILLE FL 32605-7026 US

3. Date Incorporated or Qualified: 10/05/1992  
3a. Date of Last Report: 06/20/1996  
4. FEI Number: 59-3147644  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 2017 NW 77 Street  
22 Gainesville, FL  
23 32605  
24 USA  
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27  
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9. Name and Address of Current Registered Agent  
SANBORN, STEVEN  
7819 NW 22ND LANE  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent  
81 Name: Edward Geiser  
82 Street Address (P.O. Box Number is Not Acceptable): 2017 NW 77 Street  
83  
84 City: Gainesville FL 85 Zip Code: 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
SIGNATURE: *Edward Geiser* Edward Geiser, President 3/1/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SANBORN, STEVEN	
STREET ADDRESS	7819 NW 22ND LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STOLTZFUS, DANIEL	
STREET ADDRESS	2121 NW 177TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BENZ, RANDY	
STREET ADDRESS	7810 NW 20TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YELLE, ROBERT S JR	
STREET ADDRESS	4234 NW 70 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT A	
STREET ADDRESS	7515 NE 47 STR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANBORN, STEVEN H	
STREET ADDRESS	7819 NW 22 LN	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Geiser	
1.3 STREET ADDRESS	2017 NW 77 Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Suzi Thiems-Heflin	
2.3 STREET ADDRESS	2101 NW 77 St	
2.4 CITY-ST-ZIP	Gainesville, FL 32605	
3.1 TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sam Goforth	
3.3 STREET ADDRESS	7820 NW 20th Lane	
3.4 CITY-ST-ZIP	Gainesville FL 32605	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Arrden	
4.3 STREET ADDRESS	7808 NW 22 Lane	
4.4 CITY-ST-ZIP	Gainesville FL 32605	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cary Spence	
5.3 STREET ADDRESS	7823 NW 10th Lane	
5.4 CITY-ST-ZIP	Gainesville, FL 32605	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gilbert Levy	
6.3 STREET ADDRESS	7719 NW 10th Lane	
6.4 CITY-ST-ZIP	Gainesville, FL 32605	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sam Goforth* 3/1/97 252-235-3421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010836

CR2E037 (9/96)