

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>2017 NW 77 ST GAINESVILLE FL 32605 US</b>	Mailing Address <b>P O BOX 7026 GAINESVILLE FL 32605 US</b>
---	--

3. Date Incorporated or Qualified  
**10/05/1992**

4. FEI Number <b>59-3147644</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**GEISER, EDWARD**  
**2017 NW 77 ST**  
**GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	


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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEISER, EDWARD</b>	1.2 NAME	<b>Director</b>
STREET ADDRESS	<b>2017 NW 77 ST</b>	1.3 STREET ADDRESS	<b>Pam Spland</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	<b>2032 NW 18th Ln</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THIEMA-HEFLIN, SUZI</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>2101 NW 77 ST</b>	2.3 STREET ADDRESS	<b>Llewellyn Montichard</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	<b>2121 NW 77th</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOFORTH, SAM</b>	3.2 NAME	<b>Director</b>
STREET ADDRESS	<b>7820 NW 20 LANE</b>	3.3 STREET ADDRESS	<b>Curtis Jefferson</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	<b>2225 NW 77th</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARRYDEN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>7808 NW 22 LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, ROBERT A</b>	5.2 NAME	
STREET ADDRESS	<b>7515 NE 47 STR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, GILBERT</b>	6.2 NAME	
STREET ADDRESS	<b>7719 NW 18 LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	6.4 CITY-ST-ZIP	

1.5 CITY-ST-ZIP	<b>Gainesville, FL 32605</b>
2.5 CITY-ST-ZIP	<b>Gainesville, FL 32605</b>
3.5 CITY-ST-ZIP	<b>Gainesville FL 32605</b>

14. 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 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:  4/17/98 352 335 3421

CR2E037 (10/97)