

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90112 049 ****61.25

DOCUMENT # N51212

1. Entity Name
SHENANDOAH OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 7820 NW 20 LANE P O BOX 7026
 GAINESVILLE FL 32605 GAINESVILLE FL 32605
 US US

80074752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

City & State: **Gainesville, FL**

Zip: **32605** Country: **US**

4. FEI Number: **59-3147644**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
GOFORTH, SAM
7820 NW 20TH LANE
GAINESVILLE FL 32605

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.

SIGNATURE: *Sam Goforth* *Sam Goforth* *8/29/00*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P THIEMA-HEFLIN, SUZI	<input type="checkbox"/> Delete
STREET ADDRESS	2101 NW 77 ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME	ST GOFORTH, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	7820 NW 20 LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME	D MITCHELL, LAURIE	<input type="checkbox"/> Delete
STREET ADDRESS	7832 NW 18TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D MONTRICHARD, LLEWLLYN	<input type="checkbox"/> Delete
STREET ADDRESS	2121 NW 77 ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Director Thiema-Heflin, Suzi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2101 NW 77 St	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Pres Laurie Mitchell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7832 NW 18th	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director Curtis Jefferson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2205 NW 77 St	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME	Director Don Robertson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1801 NW 77 St	
CITY-ST-ZIP	Gainesville, FL 32605	

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: *Sam Goforth* *8/29/00* *352-335-3421*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)