

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91012 005 ****61.25

DOCUMENT # N51212

1. Entity Name

SHENANDOAH OWNERS ASSOCIATION, INC.

Principal Place of Business

7820 NW 20 LANE
 GAINESVILLE FL 32605
 US

Mailing Address

P O BOX 7026
 GAINESVILLE FL 32605
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 357026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

4. FEI Number

59-3147644

Applied For

Not Applicable

Zip

Country

Zip

Country

32605 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFORTH, SAM
 7820 NW 20TH LANE
 GAINESVILLE FL 32605

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 H. Goforth, Sec-Treasurer 1/8/01

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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, LLEWLYN	<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		

TITLE NAME	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Director	
CITY-ST-ZIP	Don Robertson	
	1801 NW 77th	
	Gainesville, FL 32605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED Sam H. Goforth 1/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-235-2421

CR2E037 (10/00)