

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2009  
Secretary of State**

DOCUMENT# N51212

Entity Name: SHENANDOAH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7820 NW 20 LANE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 357026  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

FEI Number: 59-3147644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOFORTH, SAM  
7820 NW 20TH LANE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

- Title: D ( ) Delete  
Name: THIEMS-HEFLIN, SUZI  
Address: 2101 NW 77 ST  
City-St-Zip: GAINESVILLE, FL
- Title: ST ( ) Delete  
Name: GOFORTH, SAM  
Address: 7820 NW 20 LANE  
City-St-Zip: GAINESVILLE, FL
- Title: PRES ( ) Delete  
Name: MITCHELL, LAURIE  
Address: 7832 NW 18TH LANE  
City-St-Zip: GAINESVILLE, FL 32605
- Title: D ( ) Delete  
Name: MONTRICHARD, LLEWLLYN  
Address: 2121 NW 77 ST  
City-St-Zip: GAINESVILLE, FL 32605
- Title: VP ( ) Delete  
Name: MCINTYRE, MARY  
Address: 7817 NW 77TH STREET  
City-St-Zip: GAINESVILLE, FL 32605
- Title: D ( ) Delete  
Name: JEFFERSON, CURTIS  
Address: 2205 N.W. 77 ST  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAM H GOFORTH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

01/24/2009

\_\_\_\_\_  
Date