

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000056 (2)**  
1. Corporation Name

**SHENANDOAH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **2100 CONSTITUTION BLVD. SARASOTA FL 34231**  
Mailing Address: **2100 CONSTITUTION BLVD. SARASOTA FL 34231**

3. Date Incorporated or Qualified: **01/07/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 125 Shady Parkway**  
2a. Mailing Address: **26 125 Shady Parkway**

4. FEI Number: **65-0393468**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: **27**  
City & State: **23 Sarasota, FL**  
28. City & State: **Sarasota, FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **34232**  
25. Country: **29 34232**  
30. Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**EPPARD, WALTER  
2100 CONSTITUTION BLVD.  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent:  
81 Name: **Stephan J. Martin**  
82 Street Address (P.O. Box Number is Not Acceptable): **129 Shady Parkway**  
83  
84 City: **Sarasota**  
85 Zip Code: **FL 34232**

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 617.0903, Florida Statutes.

SIGNATURE: *Stephan J. Martin* (NOTE: Registered Agent signature required when reinstating) DATE: **4/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPPARD, WALTER</b>	1.2 NAME	<b>Stephan J. Martin</b>
STREET ADDRESS	<b>2100 CONSTITUTION BLVD.</b>	1.3 STREET ADDRESS	<b>129 Shady Parkway</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPPARD, RENEE</b>	2.2 NAME	<b>David Rein</b>
STREET ADDRESS	<b>2100 CONSTITUTION BLVD.</b>	2.3 STREET ADDRESS	<b>4814 Shady View Court</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOX, SANDRA</b>	3.2 NAME	<b>Susan Retzke</b>
STREET ADDRESS	<b>2100 CONSTITUTION BLVD.</b>	3.3 STREET ADDRESS	<b>117 Shady Parkway</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Lori Webster</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>125 Shady Parkway</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Florence Evelev</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>109 Shady Parkway</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Stephan J. Martin* **Stephan J. Martin** Date: **4/26/96** Daytime Phone: **941/371-3308**

CR2E037 (12/95)