

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000056 (2)
1. Corporation Name
SHENANDOAH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 125 SHADY PARKWAY SARASOTA FL 34232 US	Mailing Address 125 SHADY PARKWAY SARASOTA FL 34232-2370 US
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3. Date Incorporated or Qualified 01/07/1993	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 4814 SHADY VIEW CT	22. Mailing Address 4814 SHADY VIEW
23. City & State SARASOTA FL	24. City & State SARASOTA FL
25. Zip 34232	26. Country SARASOTA

4. FEI Number 65-0393468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARTIN, STEPHAN J
129 SHADY PARKWAY
SARASOTA FL 34232**

10. Name and Address of New Registered Agent
81 Name **DAVID REIN**
82 Street Address (P.O. Box Number is Not Acceptable)
4814 SHADY VIEW CT
83 **SARASOTA**
84 City
FL 85 Zip Code
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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MARTIN, STEPHAN J	
STREET ADDRESS	129 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	REIN, DAVID	
STREET ADDRESS	4814 SHADY VIEW COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	RETZKE, SUSAN	
STREET ADDRESS	117 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/>
NAME	WEBSTER, LORI	
STREET ADDRESS	125 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/>
NAME	EVELEU, FLORENCE	
STREET ADDRESS	109 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DAVID REIN		
1.3 STREET ADDRESS	4814 SHADY VIEW CT		
1.4 CITY-ST-ZIP	SARASOTA FL 34232		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JAMES RETZKE		
2.3 STREET ADDRESS	117 SHADY PARKWAY		
2.4 CITY-ST-ZIP	SARASOTA FL 34232		
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	STEPHAN J. MARTIN		
3.3 STREET ADDRESS	129 SHADY PARKWAY		
3.4 CITY-ST-ZIP	SARASOTA FL 34232		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5/21** DATE **941 378 9094** DAYTIME PHONE # **0062995**

CR2E037 (9/96)