

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90096 030 \*\*\*\*61.25

**DOCUMENT # N93000000056**

1. Entity Name

**SHENANDOAH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4814 SHADY VIEW CT  
 SARASOTA FL 34232  
 US

4814 SHADY VIEW CT  
 SARASOTA FL 34232-2371  
 US

**D0005871**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0393468**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIN, DAVID**  
**4814 SHADY VIEW CT**  
**SARASOTA FL 34232**

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

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: VP  Delete  
 NAME: REIN, DAVID  
 STREET ADDRESS: 4814 SHADY VIEW CT  
 CITY-ST-ZIP: SARASOTA FL

TITLE: PD  Change  Addition  
 NAME: TERESA WARD  
 STREET ADDRESS: 4826 SHADYVIEW CT  
 CITY-ST-ZIP: SARASOTA FL

TITLE: PD  Delete  
 NAME: RETZKE, JAMES  
 STREET ADDRESS: 117 SHADY PARKWAY  
 CITY-ST-ZIP: SARASOTA FL

TITLE: D  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: TD  Delete  
 NAME: MARTIN, STEPHAN J  
 STREET ADDRESS: 129 SHADY PARKWAY  
 CITY-ST-ZIP: SARASOTA FL

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: SD  Delete  
 NAME: WITHINGTON, ANN  
 STREET ADDRESS: 4814 SHADY VIEW CT  
 CITY-ST-ZIP: SARASOTA FL

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: D  Delete  
 NAME: CAYER, ARTHUR  
 STREET ADDRESS: 132 SHADY PKWY  
 CITY-ST-ZIP: SARASOTA FL

TITLE: VP D  Change  Addition  
 NAME: GREG Ichihashi  
 STREET ADDRESS: 4823 SHADYVIEW CT  
 CITY-ST-ZIP: SARASOTA FL

TITLE: D  Delete  
 NAME: MARK, JEFF  
 STREET ADDRESS: 4822 SHADY VIEW CT  
 CITY-ST-ZIP: SARASOTA FL

TITLE: [Blank]  Change  Addition  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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:

*Ann Withington*  
 SIGNATURE REQUIRED  
 ANN WITHINGTON

Date: 1/14/00 Daytime Phone #: 941-3289094