

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-24-2002 90059 027 ****61.25

DOCUMENT # N93000000056

1. Entity Name

SHENANDOAH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4814 SHADYVIEW COURT
 SARASOTA, FL 34232
 US

4814 SHADYVIEW COURT
 SARASOTA FL 34232
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4813 Shadyview CT

4813 Shadyview CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

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

WARD, ROBERT
 4826 SHADYVIEW COURT
 SARASOTA FL 34232

Name **WRIGHT, ANDY**

Street Address (P.O. Box Number is Not Acceptable)
4813 Shadyview COURT

SARASOTA

City

FL

Zip Code

34232

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

Andrew J. Mims

1-14-02

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	<input type="checkbox"/> Delete
NAME	WRIGHT, ANDY	
STREET ADDRESS	4813 SHADYVIEW COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, ROBERT	
STREET ADDRESS	4826 SHADYVIEW COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input type="checkbox"/> Delete
NAME	WITHINGTON, ANN	
STREET ADDRESS	4814 SHADYVIEW COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WITHINGTON, ANN	
STREET ADDRESS	4814 SHADY VIEW CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEIP, MARY	
STREET ADDRESS	137 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIMS, GEORGE	
STREET ADDRESS	113 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDMAN, DAVID	
STREET ADDRESS	132 SHADY PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE YODER	
STREET ADDRESS	136 Shady Parkway	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSMORE, JEFF	
STREET ADDRESS	101 Shady Parkway	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(l), 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:

Andrew J. Mims
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

800-331-2716

Daytime Phone # (x 205)

CR2E037 (9/01)