


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90269 011 ****61.25

DOCUMENT # N93000000056

1. Entity Name
SHENANDOAH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
101 SHADY PARKWAY
SARASOTA, FL 34232 US

Mailing Address
101 SHADY PARKWAY
SARASOTA, FL 34232 US

50005666



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03232006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
DENSMORE, JEFF
101 SHADY PKWY
SARASOTA, FL 34232

4. FEI Number
65-0393468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jeff Densmore* **Jeff DENSMORE** **3/23/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, DWAYNE	
STREET ADDRESS	4822 SHADYVIEW CT	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, BENJAMIN	
STREET ADDRESS	4825 SHADYVIEW CT	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WITHINGTON, ANN	
STREET ADDRESS	4814 SHADYVIEW COURT	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PERRY, JANICE	
STREET ADDRESS	109 SHADY PKWY	
CITY-ST-ZIP	SARASOTA, FL 34252	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENSMORE, JEFF	
STREET ADDRESS	101 SHADY PKWY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Mercurio - Scheip	
STREET ADDRESS	135 Shady Pkwy	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim RETZKE	
STREET ADDRESS	104 Shady Pkwy	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE Brookins	
STREET ADDRESS	4829 Shadyview CT	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained 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 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: *Jeff Densmore* **Jeff DENSMORE** **3/23/06** **941-377-2197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #