


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 046 ****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

2. Principal Place of Business - No P.O. Box #
 4823 Shadyview Ct

3. Mailing Address
 4823 Shadyview Ct


Suite, Apt. #, etc.

City & State
 Sarasota FL

City & State
 Sarasota FL

Zip Country
 34232 US

Zip Country
 34232 US



03102007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0393468

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DENSMORE, JEFF
 101 SHADY PKWY
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name
 Diane Ichihashi

Street Address (P.O. Box Number is Not Acceptable)
 4823 Shadyview Ct

City
 Sarasota 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Diane Z TO Diane Ichihashi DATE 3/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY - ST - ZIP	PD MERCURIO-SCHEIP, MARY 135 SHADY PKWY SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RETZKE, JIM 104 SHADY PKWY SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WITHINGTON, ANN 4814 SHADYVIEW COURT SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKINS, DIANE 4829 SHADY VIEW CT SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENSMORE, JEFF 101 SHADY PKWY SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Jeff Evans 128 Shady Pkwy Sarasota FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Steve Martin 129 Shady Parkway Sarasota FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Diane Ichihashi 4823 Shadyview Ct Sarasota FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Diane Z Diane Ichihashi 3/10/07 941-284-2575