

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90194 034 \*\*\*\*61.25

**DOCUMENT # N93000000056**

1. Entity Name

**SHENANDOAH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4813 SHADYVIEW COURT  
SARASOTA FL 34232  
US**

**4813 SHADYVIEW COURT  
SARASOTA FL 34232  
US**

2. Principal Place of Business

**132 SHADY PARKWAY**

Suite, Apt. #, etc.

3. Mailing Address

**132 SHADY PARKWAY**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34232**

Country

**US**

Zip

**34232**

Country

**US**

4. FEI Number **65-0393468**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WRIGHT, ANDY  
4813 SHADYVIEW COURT  
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **DAVID GIDMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**132 SHADY PARKWAY**

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

*David W. Gidman*

**DAVID W. GIDMAN, PRESIDENT**

**1/20/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WRIGHT, ANDY</b>	
STREET ADDRESS	<b>4813 SHADYVIEW COURT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GIDMAN, DAVID</b>	
STREET ADDRESS	<b>132 SHADY PKWY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WITHINGTON, ANN</b>	
STREET ADDRESS	<b>4814 SHADYVIEW COURT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YODER, SUZANNE</b>	
STREET ADDRESS	<b>136 SHADY PKWY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENSMORE, JEFF</b>	
STREET ADDRESS	<b>101 SHADY PKWY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID GIDMAN</b>	
STREET ADDRESS	<b>132 SHADY PARKWAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK YODER</b>	
STREET ADDRESS	<b>136 SHADY PARKWAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORI WEBSTER</b>	
STREET ADDRESS	<b>4817 SHADYVIEW COURT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF DENSMORE</b>	
STREET ADDRESS	<b>101 SHADY PARKWAY</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANN WITHINGTON</b>	
STREET ADDRESS	<b>4814 SHADYVIEW COURT</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
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)(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:

*David W. Gidman*

**DAVID W. GIDMAN, PRES. 1/20/03 941-378-4520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR