

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002129 (2)**  
 1. Corporation Name  
**SHENANDOAH NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>1823 S.W. 13TH STREET MIAMI FL 33135</b>	Mailing Address <b>1823 S.W. 13TH STREET MIAMI FL 33135</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/18/1996</b>		3a. Date of Last Report	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
7. Principal Place of Business		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WESTBROOK, JOHN</b> <b>1823 S.W. 13TH STREET</b> <b>MIAMI FL 33135</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D, P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>AEDO, ROLANDO</b>			1.2 NAME	<b>WESTBROOK, JOHN E.</b>		
STREET ADDRESS	<b>1285 S.W. 19TH TERRACE</b>			1.3 STREET ADDRESS	<b>1823 SW 13 STREET</b>		
CITY-ST-ZIP	<b>MIAMI FL 33145</b>			1.4 CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D, V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CROCKETT, PAUL</b>			2.2 NAME	<b>ECHAGARRUA, JACKIE</b>		
STREET ADDRESS	<b>1737 S.W. 12TH STREET</b>			2.3 STREET ADDRESS	<b>1815 SW 16 STREET</b>		
CITY-ST-ZIP	<b>MIAMI FL 33135</b>			2.4 CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUZMAN, VIVIAN P</b>			3.2 NAME			
STREET ADDRESS	<b>1620 S.W. 13TH AVENUE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33145</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTOS, LUIS A</b>			4.2 NAME			
STREET ADDRESS	<b>2160 S.W. 10TH STREET</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33145</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PONS, MARIO</b>			5.2 NAME			
STREET ADDRESS	<b>2474 S.W. 13TH STREET</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33145</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TORRIENTE, SUSANNE M</b>			6.2 NAME			
STREET ADDRESS	<b>1620 S.W. 13TH AVENUE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33145</b>			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED John Westbrook 9/10/97 305 821 1350**

CR2E037 (4/97)