

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002129 (2)
 1. Corporation Name
SHENANDOAH NEIGHBORHOOD ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 04/18/1996		3a. Date of Last Report	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
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			
WESTBROOK, JOHN 1823 S.W. 13TH STREET MIAMI FL 33135				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AEDO, ROLANDO			1.2 NAME	WESTBROOK, JOHN E.		
STREET ADDRESS	1285 S.W. 19TH TERRACE			1.3 STREET ADDRESS	1823 SW 13 STREET		
CITY-ST-ZIP	MIAMI FL 33145			1.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROCKETT, PAUL			2.2 NAME	ECHAGARRUA, JACKIE		
STREET ADDRESS	1737 S.W. 12TH STREET			2.3 STREET ADDRESS	1815 SW 16 STREET		
CITY-ST-ZIP	MIAMI FL 33135			2.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUZMAN, VIVIAN P			3.2 NAME			
STREET ADDRESS	1620 S.W. 13TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTOS, LUIS A			4.2 NAME			
STREET ADDRESS	2160 S.W. 10TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PONS, MARIO			5.2 NAME			
STREET ADDRESS	2474 S.W. 13TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRIENTE, SUSANNE M			6.2 NAME			
STREET ADDRESS	1620 S.W. 13TH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			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)