

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51212

**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**3768284073CC**

**Entity Name:** SHENANDOAH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7820 NW 20 LANE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

P O BOX 357026  
GAINESVILLE, FL 32635 US

**FEI Number: 59-3147644**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOFORTH, SAM  
7820 NW 20TH LANE  
GAINESVILLE, FL 32605 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name THIEMS-HEFLIN, SUZI  
Address 2101 NW 77 ST  
City-State-Zip: GAINESVILLE FL

Title ST  
Name GOFORTH, SAM  
Address 7820 NW 20 LANE  
City-State-Zip: GAINESVILLE FL 32605

Title PRES  
Name MITCHELL, LAURIE  
Address 7832 NW 18TH LANE  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name DICKINSON IV, DAN  
Address 7714 NW 22ND LANE  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name JEFFERSON, CURTIS  
Address 2205 N.W. 77 ST  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name NARDI, CHARLES F  
Address 7812 NW 18TH LANE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name SHEPHERD, DENNIS  
Address 1811 NW 77TH ST  
City-State-Zip: GAINESVILLE FL 32605-3165

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SAM H GOFORTH**

**SECRETARY TREASURER 01/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date