

SHADOW RUN COMMUNITY ASSOCIATION, INC. ANNUAL AND BUDGET MEETING NOTICE AND ELECTION OF DIRECTORS

To All SHADOW RUN COMMUNITY ASSOCIATION, INC. Members,

The ANNUAL MEETING of SHADOW RUN COMMUNITY ASSOCIATION, INC. will be held at the following DATE, TIME and LOCATION:

- **DATE / TIME: Wednesday, November 4, 2026 at 6:30 PM**
- **LOCATION: Pool Cabana at Shadow Run Village
12500 Hollybrook Lane
Hudson, FL 34669**

Enclosed with this notice is the 2027 Proposed Budget. Before the commencement of the Annual Meeting of the Association, the Board of Directors shall adopt and approve the 2027 Annual Budget. Also enclosed with this notice is the Agenda for the Annual Meeting and a Proxy which will help establish a quorum and represent your vote on business that may arise.

The Annual Meeting of the Association will be held for the purpose of voting on the election of directors and conducting such other business as may lawfully be conducted. Nominations for Directors will be taken from the floor. All nominated persons must be present.

Budget Meeting Agenda

- **Call to Order**
- Appoint Chairperson of the Meeting
- Certify Quorum of the Board & Membership
- Vote to Roll Over Excess Funds
- Board Approval of 2027 Annual Budget
- **Adjournment**

Annual Meeting Agenda

- **Call to Order**
- Appoint Chairperson of the Meeting
- Proof of Notice of the Meeting
- Certifying of Proxies & Establish Quorum
- Read or Waive Minutes of Last Members' Meeting
- Adoption of the Approved 2027 Annual Budget
- Election of New Directors (5)
 - Call for Candidate Nominations from the Floor
 - Introduction of Candidates
 - Close of Nominations
 - Appointment of Persons to Assist in Counting Ballots
 - Casting of Ballot
- New Business
 - Announcement & Seating of New Board
- Homeowner Comments
- **Adjournment**

A quorum of Association Members must be present, in person or by proxy, at the meeting in order for the business of the Association to be conducted. It is therefore **VERY IMPORTANT** that you either attend the meeting or provide a proxy, in order for the Association to conduct business.

The Organizational Meeting for the new Board will be held immediately following the Annual Meeting.

Mailed: October 2, 2026

BY ORDER OF THE BOARD OF DIRECTORS
MAGDA HATKA, LCAM

SHADOW RUN COMMUNITY ASSOCIATION, INC.

BOARD OF DIRECTORS

ORGANIZATIONAL MEETING

NOTICE is hereby given that the Board of Directors is holding a meeting at the following DATE, TIME and LOCATION:

- **DATE / TIME:** Wednesday, November 4, 2026
Immediately following the 6:30 PM Annual Membership Meeting
- **LOCATION:** Pool Cabana at Shadow Run Village
12500 Hollybrook Lane
Hudson, FL 34669

Agenda

1. **Call to Order**
2. **Appoint Chairperson of the Meeting**
3. **Appoint Officer Positions**
 - (1) President; (2) Vice President; (3) Treasurer; (4) Secretary
4. **Adjournment**

ALL OWNERS ARE WELCOME TO ATTEND

BY ORDER OF THE BOARD OF DIRECTORS
MAGDA HATKA, LCAM

"Notice of Intent to be a Candidate for the Board"

SELF NOMINATION. (✓) _____ I, _____ hereby nominate myself as a candidate for election to the **Shadow Run Community Association, Inc. Board of Directors.**

DATE: _____ **UNIT #:** _____

SIGNATURE: _____
(Signature of candidate)

ADDRESS: _____

CITY/STATE: _____

TELEPHONE NUMBER _____

I am aware that the following requirements are expected from me if I am elected:

EDUCATION REQUIREMENT: Newly elected or appointed HOA Directors must submit a certificate that they have completed a department-approved educational course within 90 days of their election or appointment to the board.

CERTIFICATION VALIDITY: The completion certificate is valid for 4 years.

RECURRING EDUCATION: Directors must complete the course every 4 years.

COURSE CONTENT: Training includes financial literacy, transparency, recordkeeping, fines, and meeting notices.

CONTINUING EDUCATION: Directors of associations with fewer than 2500 parcels need 4 hours annually. 2500 or more parcels need 8 hours annually. Non-compliant directors are suspended until they meet the requirements. The board may temporarily fill vacancies during suspensions.

RECORDKEEPING: Associations must retain educational certificates for 5 years for member inspection. Lack of certifications on file does not invalidate board actions.

I AM () AM NOT () enclosing an information sheet about myself.

I understand that I am responsible for the accuracy of the information contained in my Information Sheet.

Return to: **SHADOW RUN COMMUNITY ASSOCIATION, INC.
C/O AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC.
5434 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652**

PROXY WILL ALSO BE USED TO ESTABLISH A QUORUM

SHADOW RUN COMMUNITY ASSOCIATION, INC.
PROXY

The undersigned owner(s) or designated vote of Unit/ Address _____
_____ in **SHADOW RUN COMMUNITY ASSOCIATION, INC.** hereby appoints the **Secretary** of the Association or _____ as my proxyholder to **ATTEND** the Annual Membership and Budget Meeting of **SHADOW RUN COMMUNITY ASSOCIATION, INC** to be held at on **Wednesday, November 4, 2026 at 6:30 PM** at the Pool Cabana at Shadow Run Village, 12500 Hollybrook Lane, Hudson, FL 34669.

The proxyholder named above has the authority to vote and act for me to the same extent that I would, if personally present, with power of substitution, including the establishment of a quorum, in all matters before the membership, except that my proxyholder's authority is limited as indicated below:

GENERAL POWERS:

_____ I authorize and instruct my proxyholder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) provided below.

_____ I specifically authorize and instruct my proxyholder to cast my vote in reference to the following matters as I have indicated below:

1. Roll Over Excess Funds:

Do you want to roll over any excess operating funds in the **2026** calendar year into the **2027** budget as a constructive return of capital to the membership consistent with IRS rulings 70-604.

_____ **YES** _____ **NO**

Signature of Owner or Designated Voter: _____

Signature of Co-Owner _____

Date: _____

Print Name: _____

Print Name: _____

Date: _____

SUBSTITUTION OF PROXYHOLDER

The undersigned, appointed as proxyholder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____

(Signature of Proxyholder)

This proxy is revocable by the unit owner and is valid only for the meeting for which it is given and any lawful adjournment. In no event is the proxy valid for more than ninety (90) days from the date of the original meeting for which it was given.

SHADOW RUN HOMEOWNERS ASSC, INC.
83 UNITS
JANUARY 1, 2027 - DECEMBER 31, 2027 PROPOSED BUDGET

ACCT	REVENUE	2026 ANNUAL BUDGET	2027 PROPOSED ANNUAL	2027 MONTHLY AMOUNT	2027 COST PER UNIT AMOUNT
4010	Unit Maintenance Fees	\$154,376	\$159,359	\$13,280	\$160
	TOTAL REVENUE	\$154,376	\$159,359	\$13,280	\$160
	OPERATING EXPENSES				
5010	Administrative/Office	\$4,830	\$4,150	\$346	\$4
5020	Coupon	\$800	\$800	\$67	\$1
5015	Website	\$0	\$750	\$63	\$1
5200	Termite Contract	\$5,000	\$5,600	\$467	\$6
5300	Insurance	\$7,430	\$8,500	\$708	\$9
5400	Lawn Contract	\$27,550	\$31,500	\$2,625	\$32
5410	Lawn/Fert/Weed/Pest	\$1,000	\$1,000	\$83	\$1
5440	Lawn/Tree Trim	\$6,000	\$8,000	\$667	\$8
5450	Lawn Lakes & Banks	\$4,260	\$4,560	\$380	\$5
5610	Taxes - Permits & Licenses	\$320	\$320	\$27	\$0
5620	Corp Annual Filing Fee	\$100	\$100	\$8	\$0
5800	Management Fee Exp. 03/28 - 60 Day N	\$13,044	\$13,848	\$1,154	\$14
5900	Legal Fees	\$2,000	\$2,000	\$167	\$2
5910	Accounting & Audit Fees-2028	\$400	\$400	\$33	\$0
5920	Sugar Creek Entrance (Entrance Comr	\$500	\$500	\$42	\$1
6100	Maintenance & Repair	\$6,000	\$7,500	\$625	\$8
6220	Pool Permit	\$150	\$150	\$13	\$0
6230	Pool Housekeeping	\$0	\$2,400	\$200	\$2
6210	Pool Repairs	\$3,500	\$3,500	\$292	\$4
6200	Pool Contract	\$11,550	\$11,020	\$918	\$11
7000	Electric	\$6,300	\$6,300	\$525	\$6
7001	Water	\$3,000	\$4,000	\$333	\$4
7002	Trash 4% Increase	\$15,840	\$16,500	\$1,375	\$17
	TOTAL OPERATING EXPENSES	\$119,574	\$133,398	\$11,117	\$134
	RESERVES				
9020	Reserves - Pool	\$1,574	\$1,611	\$134	\$2
9060	Reserves - Retention Pond	\$18,696	\$1,600	\$133	\$2
9010	Reserves - Paving Roads	\$11,832	\$4,225	\$352	\$4
9015	Reserves - Sidewalks	\$2,700	\$3,174	\$265	\$3
9100	Reserves - Deffered Maintenance	\$0	\$15,350	\$1,279	\$15
	TOTAL RESERVES	\$34,802	\$25,961	\$2,163	\$26
	TOTAL EXPENSES	\$154,376	\$159,359	\$13,280	\$160

MONTHLY MAINTENANCE FEE FOR 2027

\$160.00

RESERVE ANALYSIS
SHADOW RUN HOMEOWNERS ASSC, INC.
JANUARY 1, 2027 - DECEMBER 31, 2027

RESERVES	Current Replacement cost 3% Inflation per Year	Current Reserves 1/1/2027	Expected Life Yrs.	Remaining Life Yrs	Unreserved Amounts	2027 Fully Funded Annual Reserves	2027 Actual Budgeted Amount
Reserves - Pool	\$41,200	\$8,973	25	20	\$32,227	\$1,611	\$1,611
Reserves - Retention Pond	\$47,165	\$39,163	9	5	\$8,002	\$1,600	\$1,600
Reserves - Paving Roads	\$160,000	\$100,848	15	14	\$59,152	\$4,225	\$4,225
Reserves - Sidewalks	\$27,000	\$7,954	10	6	\$19,046	\$3,174	\$3,174
Deffered Mtn		\$0				\$15,350	\$15,350
<u>TOTALS</u>	<u>\$275,365</u>	<u>\$156,938</u>			<u>\$118,427</u>	<u>\$10,611</u>	<u>\$25,961</u>

Roads resurfaced in 2020 for additional 5yrs. Lifespan

Pool resurfaced in 2020 for \$34802.61 Good for 25 yrs.

SHADOW RUN COMMUNITY ASSOCIATION, INC.

Please Return to Ameri-Tech Community Management Partners, LLC.
5434 Grand Blvd., New Port Richey, FL 34652

E-mail: mhatka@ameritechmail.com – 727-726-8000 Ext 500

EMERGENCY CONTACT INFORMATION FOR OWNER OR TENANT

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by PRINTING the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management Partners, LLC., c/o MAGDA HATKA.

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Number of Pets (and type)

Adults(s) _____ Children _____

Dogs _____ Cats _____ Other _____

Vehicle(s) Make/Yr Model

Color TAG Number

PLEASE SIGN AND DATE BELOW:

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

☐ I give permission to share my personal information (phone numbers, e-mail & address) with other SHADOW RUN COMMUNITY ASSOCIATION, INC. owners.