## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

111

1. Corporation Name												
SHADY DELL CONDOMINIUM ASSOCIATION, INC.												
OTIVAL APPE COMPONIBION VOCACIVITION 1140.								DENNI JERNA NENE ABIEN BING H	HAR JOH GHOH DI	AN AMAN ANAH A	(8)) B(B)( (80)	
Principal Place of Business				Mailing Address					IN 1884 MEMEL MI	dii didii bibit d	1811 ALBIT ILAT	
3135 SHADY DELL LN. BOX 152 3135 SHADY DELL LN. BOX							l					
MELBOURNE FL 32835 MELBOURNE FL 32835-6264							Ì					
								3. Date Incorporated or Qualified 3a. Date of Last Report				
						05/01/1974				05/20/1996		
2. Principal Place of Business				2a. Mailing Address			4, FEI Nu	umber <b>9-1586900</b>			plied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			3	1000900			ot Applicable	
Suite, Apt. W, etc.				27			5. Certific	cate of Status Desired		\$8.75 A		
City & State				City & State			6. Election Campaign Financing \$5.00 May Be					
23				28			I .	Trust Fund Contribution Added to Fees				
Zip	(ip Country		Z	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29						Yes 🐼 No			
Name and Address of Current Registered Agent  Name								10. Name and Address of New Registered Agent				
FORD, ELIZABETH A						2 Street A	Address (P.O. Bo)	x Number is Not Accept	able)			
3135 SHADY DELL LANE, #104						3				<del></del>		
MELBOURNE FL 32935												
						4 City			FL	<b>85</b> Zip (	Code	
11. Pursuant	to the provis	ions of Sections 6	17.0502 and 617.	1508, Florida Statu	ites, the abo	ve-named	corporation subm	its this statement for the	purpose of	changing it	s registered	
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											registered	
SIGNATURE				•		•					}	
	Signature, typed	for printed name of regis				gent signature	required when reinstating		DATE	- DIDEOTOE		
12.	OFFICERS AND DIRECTORS			DELETE DELETE	13. ELETE 1.1 TITLE			ONS/CHANGES TO OFF	ICERS AND		Addition	
NAME .	D	IID ENWADD		[_] טנננונ	1.1 MAM		P#D:	r Edward		Change		
STREET ADDRESS				1.3 STREET ADDRESS		3135 56	Edward Lan	e #11	4	Ì		
CHY-SI-ZIP	A COUNTY OF A CASE					1.4 CITY-ST-ZIP		ne, FL 32935			ł	
TITLE	SO	OTHE TE OFFICE		DELETE	2.1 (171)		B	T1-		X Change	Addition	
NAME	JENRY,	JACK			2.2 NAM	Ε	Henry, J	Jack Sader Doll You	~ #100			
STREET ADDRESS						ET ADDRESS		ady Dell Lan			j	
CITY-ST-ZIP	MELBOURNE FL 32935					Melbourne, FL 32935						
TITLE	D			☐ DELETE	3.1 TITL	1	VP/D			X Change	☐ Addition	
NAME .		ON, RICHARD	***		3.2 NAM	}		n, Richard	e #20	٨	(	
STREET ADDRESS		HADY DELL LN				ET ADDRESS		nady Dell Lan ne, FL 32935		4		
CITY-ST-ZIP	WETRO	URNE FL 3283!	)	DELETE		/-ST-ZIP	Merbour	ne, ru 32933		Срадос	Addition	
NAME	DIAMO	ELO, ALBERT		C DECERT	4.1 TITLI 4.2 NAA					Ullanii L		
STREET ADDRESS		elu, albeni HADY DELL LN	#203			ET ADDRESS				1000	. ]	
CITY-ST-ZIP		URNE FL 3293!			1	-ST-ZIP					\ \ \ \ \ \ \	
Trille	D	W. 11 1 L WEST	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITU		S/T/ D		·····	Change	Addition	
NAMÉ :	1 -	ELIZABETH A			5.2 NAM	E		Elizabeth A		- <del>*</del>		
STREET ADDRESS		HADY DELL LN	<b>#</b> 104		5.3 STR	ET ADDRESS	3135 St	Elizabeth A nady Dell Lan	e #10	4	į	
CITY-ST-ZIP		URNE FL 3293			5.4 CITY	-\$1-ZIP	Melbour	rne, FL 3293	5			
TITLE				DELETE	6.1 TITL					Change	Addition	
NAME					6.2 NAM	1				: *	·	
STREET ADDRESS	[					ET ADDRESS						
CITY ST-7IP	!				SACITY.	- ST- 7IP					ì	

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: \_

MICHALITH HEOMITHAN Barbour, Pres.

**FILED** 

May 15 1997 8:00am

Secretary of State

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