2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90206 034 ****61.25

DOCUMENT # 729599

1. Entity Name
SHADY DELL CONDOMINIUM ASSOCIATION, INC.

40055741

Principal Place of Business	Mailing Address
3135 SHADY DELL LN, BOX 152 MELBOURNE, FL 32935	3135 SHADY DELL LN, BOX 152 MELBOURNE, FL 32935

04142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1586900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LA CHANCE, VIVIAN
3135 SHADY DELL LANE, #118
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIPLEY, PAUL 3135 SHADY DEL LN., 201 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ PD CASON, TIM 3135 SHADY DELL LN #119 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCPHERSON, DONALD 3135 SHADY DELL LN #122 MELBOURNE, FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cory LAVISKA TD ☒ Change ☒ Addition 3135 Shady Dell LN #118 melbourne FL 32935 TD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ VD VILLAVERDE, TINO 3345 KENT RD MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ SD LA CHANCE, VIVIAN 3135 SHADY DELL LANE, #118 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian La Chance 4/14/06 321 254-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #