

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 007 ****61.25

DOCUMENT # 729599

1. Entity Name
SHADY DELL CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**3135 SHADY DELL LN, BOX 152
MELBOURNE, FL 32935**

40033320



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**PAUL EDWARDS, SR.
3135 SHADY DELL LANE, #212
MELBOURNE, FL 32935**

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

Paul Edwards, Sr.

PAUL EDWARDS, SR. TREASURER

Signature, typed or printed name of registered agent and officer if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 PD ☒ Delete
NAME RIPLEY, PAUL
STREET ADDRESS 3135 SHADY DELL LN., 201
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE P/D ☐ Change ☒ Addition
NAME EDWARDS BARBOUR
STREET ADDRESS 3135 SHADY DELL LANE #114
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE PD ☒ Delete
NAME CASON, TIM
STREET ADDRESS 3135 SHADY DELL LN #119
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE V/D ☐ Change ☒ Addition
NAME ALFRED D' ANGELO
STREET ADDRESS 3135 SHADY DELL LANE #203
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE TD ☒ Delete
NAME LAVISKA, CORY
STREET ADDRESS 3135 SHADY DELL LANE, #218
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE T/D ☐ Change ☒ Addition
NAME PAUL EDWARDS, SR.
STREET ADDRESS 3135 SHADY DELL LANE #212
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE VD ☒ Delete
NAME VILLAVARDE, TINO
STREET ADDRESS 3345 KENT RD
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE S/D ☐ Change ☒ Addition
NAME PAUL EDWARDS, SR.
STREET ADDRESS 3135 SHADY DELL LANE #212
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE SD ☒ Delete
NAME LA CHANCE, VIVIAN
STREET ADDRESS 3135 SHADY DELL LANE, #118
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE S/D ☐ Change ☒ Addition
NAME PHUONG THIN
STREET ADDRESS 3135 SHADY DELL LANE #217
CITY-STATE-ZIP MELBOURNE, FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Change ☐ Addition
NAME THOMAS MICHAUD
STREET ADDRESS 3135 SHADY DELL LANE #208
CITY-STATE-ZIP MELBOURNE, FL 32935

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:

Paul Edwards, Sr.

PAUL EDWARDS, SR.

2/22/07

321-368-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #