

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 013 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
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
02162008 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 LA CHANCE, VIVIAN 3135 SHADY DELL LANE, #118 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name PAUL EDWARDS, SR Street Address (P.O. Box Number is Not Acceptable) 3135 SHADY DELL LANE #212 City MELBOURNE FL Zip Code 32935	
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. TREASURER 02/16/08 (Not a Registered Agent equivalent required when re-appointing)			
Filing Fee is \$61.25 Due by May 1, 2008		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 BARBOUR, EDWARDS 3135 SHADY DELL LANE #114 MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD ANGELO, ALFRED D 3135 SHADY DELL LANE #203 MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D' ANGLEO, ALBERT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TOSD EDWARDS, PAUL SR 3135 SHADY DELL LANE #212 MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD THIN, PHUONG 3135 SHADY DELL LANE #217 MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MICHAUD, THOMAS 3135 SHADY DELL LANE #208 MELBOURNE, FL 32935 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD RECKENBERGER, MARTIN G 3135 SHADY DELL LANE #105 MELBOURNE, FL 32935 ☐ 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: 		02/16/08 302 3665150	
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR		Date	