2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 729599

Entity Name: SHADY DELL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3135 SHADY DELL LN, BOX 152
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

3135 SHADY DELL LN, BOX 152
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-1586900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARBOUR, EDWARDS
Address: 3135 SHADY DELL LANE #114
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete
Name: D'ANGLEO, ALBERT
Address: 3135 SHADY DELL LANE #203
City-St-Zip: MELBOURNE, FL 32935

Title: TDSD ( ) Delete
Name: EDWARDS, PAUL SR
Address: 3135 SHADY DELL LANE #212
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete
Name: THIN, PHUONG
Address: 3135 SHADY DELL LANE #217
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete
Name: RECKENBERGER, MARIN G
Address: 3135 SHADY DELL LANE#105
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARBOUR, EDWARD F
Address: 3135 SHADY DELL LANE #114
City-St-Zip: MELBOURNE, FL 32935

Title: VD (X) Change ( ) Addition
Name: MAJKOWSKI, BRONISLAWA
Address: 3135 SHADY DELL LANE #209
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: THIN, PHUONG
Address: 3135 SHADY DELL LANE #217
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL EDWARDS, SR TDSD 02/17/2009

Electronic Signature of Signing Officer or Director — Date