

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752536

FILED
Apr 03, 2006
Secretary of State

Entity Name: SHARI-LEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

141 ISLE OF VENICE CONDO 5-A
141 ISLE OF VENICE
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

141 ISLE OF VENICE
STE. 5A
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARDS, JULIO F/LESORS M
141 ISLE OF VENICE CONDO 5
FT LAUDERDALE, FL 33301 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: VD () Delete
Name: LESOVSKY, MD EUGENE A
Address: 141 ISLE OF VENICE , CONDO 5
City-St-Zip: FT LAUDERDALE, FL 33301

Title: STD () Delete
Name: DEBOLT, SARA
Address: 141 ISLE OF VENICE UNIT 6
City-St-Zip: FT LAUDERDALE, FL 33301

Title: PD () Delete
Name: EDWARDS, JULIO F
Address: 141 ISLE OF VENICE, CONDO 5
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: MCCLOUD, ELSIE
Address: 141 ISLE OF VENICE UNIT 4
City-St-Zip: FT LAUDERDALE, FL 33301

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIO EDWARDS

PD

04/03/2006

Electronic Signature of Signing Officer or Director

Date