


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 017 ****61.25

DOCUMENT # N05000006596

1. Entity Name
SHADOW GLEN AT COLONIAL II RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
**C/O PULTE HOME CORPORATION
 9148 BONITA BEACH ROAD SUITE 102
 BONITA SPRINGS, FL 34135**

Mailing Address
**C/O PULTE HOME CORPORATION
 9148 BONITA BEACH ROAD SUITE 102
 BONITA SPRINGS, FL 34135**

40087060



2. Principal Place of Business
c/o Integrated Property Mgmt.

3. Mailing Address
c/o Integrated Property Mgmt.

Suite, Apt. #, etc.
3435 - 10th Street N., #201

City & State
Naples, FL

04052006 Chg-NP CR2E037 (11/05)

Zip
34103 Country

Zip
34103 Country

4. FEI Number
20-3063761

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STACKHOUSE, EDWIN D
 C/O PULTE HOME CORPORATION
 9148 BONITA BEACH ROAD SUITE 102
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
Shields, Christopher J.

Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

City
**PO Drawer 1507
 Ft Myers, FL 33902 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  DATE **4/15/06**

Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

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



10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, RICHARD 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LAURA 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hill, Diane 9067 Shadow Glen Way Ft Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bukowski, Michael 9055 Shadow Glen Way Ft Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Clarke, Howard 9023 Shadow Glen Way Ft Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **DIANE HILL (PRESIDENT)** DATE **04/21/2006** **(239) 939-1104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #