2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 15, 2007 8:00 am Secretary of State

DOCUMENT # N0500006596 1. Entity Name SHADOW GLEN AT COLONIAL II RESIDENTS' ASSOCIATION, INC.							,	05-15-	-2007 9	0007 0	04 ****61.	25	
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N 201 NAPLES, EL-34103			Mailing Address C/O INTEGRATED PROPERTY MG 3435 10TH ST N-201 NAPLES, FL 34103		GMT .			1202		ei m e ell m mill			
1. Principal Place of Business - No P.O. Box # Ochoo Management Inc			3 Mailing Address JChoo Wanaaenient			Inci	-						
Suite, Apt. W. esc.) 741/1-2 Cypress Lake Dr City/8 State,			Suite, Apt. #, AC. 9411-2 Upress (ake Dr.		04042007 Chg-NP CR2E037 (12/06)					oplied For	
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		and Atturess of Current	r Ragisterea Agent		Name /	/_	7. Name an	d Address	of New H	legistored	1 Agent		
SHIELDS, 1833 HENI POB 1507	DRYSŤ	ŠPHER J ∽			1201) 3211	ddress (165 10. Box Numl 10. nage 1	ber is Not	cceptable	e)	*		
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8. The above the obligat	named entitions of regis	y submits this statement for tered agent.	or the purpose of changing its	registere	ed office o	r register	ed agent, or b	oth, in the S	state of Flo	orida. Lar	n familiar with,	and accep	
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SIGNATURE.	Signature, typeg	or printed name of registered agen	and title if applicable. (NOTE	Registered	2/J Agent signat	L. ture required	when reinsigning)	<u>~</u>	-	DATE	3/07	7	
	Filing Fe	e is \$61.25 May 1, 2007	9. Election Can Trust Fund C	npaign Fi	inancing		\$5.00 May Added to Fee	s P	Flor	ake che ida Dep	ck payable t	tate # 3	
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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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to except 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:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #