


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-15-2007 90007 004 ****61.25

DOCUMENT # N05000006596

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



Principal Place of Business
 C/O INTEGRATED PROPERTY MGMT
 3435 10TH ST N 201
 NAPLES, FL 34103

Mailing Address
 C/O INTEGRATED PROPERTY MGMT
 3435 10TH ST N 201
 NAPLES, FL 34103

4011503



2. Principal Place of Business - No P.O. Box #
 School Management, Inc

3. Mailing Address
 School Management, Inc

Suite, Apt. #, etc.
 9411-2 Cypress Lake Dr.

Suite, Apt. #, etc.
 9411-2 Cypress Lake Dr.

City & State
 Ft. Myers, FL

City & State
 Ft. Myers, FL

Zip
 33914

Country
 USA

Zip
 33914

Country
 USA

04042007 Chg-NP CR2E037 (12/06)

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

SHIELDS, CHRISTOPHER J
 1833 HENDRY ST
 POB 1507
 FORT MYERS, FL 33902

7. Name and Address of New Registered Agent

Bob Gelles
 School Management, Inc
 9411-2 Cypress Lake Drive
 Ft. Myers FL 33914

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 Robert E. Geller Robert E. Geller 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by May 1, 2007

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	HILL, DIANE	9067 SHADOW GLEN WAY	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
DV	BUKOWSKI, MICHAEL	9055 SHADOW GLEN WAY	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
DST	CLARKE, HOWARD	9023 SHADOW GLEN WAY	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Emard, Dennis	9070 Shadow Glen Way	Ft. Myers, FL 33913	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Gunny Guider	9072 Shadow Glen Way	Ft. Myers, FL 33913	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Owen, Kathleen	9047 Shadow Glen Way	Ft. Myers, FL 33913	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information empowered.

SIGNATURE: Virginia Guider 4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #