

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90011 034 \*\*\*\*61.25



**DOCUMENT # N05000006596**

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

Principal Place of Business  
 9411-2 CYPRESS LAKE DR.  
 FORT MYERS, FL 33919

Mailing Address  
 9411-2 CYPRESS LAKE DR.  
 FORT MYERS, FL 33919

4620000



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 20-3063761

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLES, BOB  
 SCHOO MANAGEMENT, INC.  
 9411-2 CYPRESS LAKE DRIVE  
 FORT MYERS, FL 33919

Name

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

City

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

*Robert E. Gelles*  
 Signature, typed or printed name of registered agent and title if applicable

*Robert E. Gelles*  
 (NOTE: Registered Agent signature required when re-registering)

*4/21/08*  
 DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  Delete  
 NAME EMARD, DENNIS  
 STREET ADDRESS 9070 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE VP  Change  Addition  
 NAME EMARD, DENIS  
 STREET ADDRESS 9070 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE VD  Delete  
 NAME GUIDER, GINNY  
 STREET ADDRESS 9072 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE SIT  Change  Addition  
 NAME SUCHOR, RAY  
 STREET ADDRESS 9053 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE DST  Delete  
 NAME OWEN, KATHLEEN  
 STREET ADDRESS 9047 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE P  Change  Addition  
 NAME OWEN, KATHLEEN  
 STREET ADDRESS 9047 SHADOW GLEN WAY  
 CITY-ST-ZIP FORT MYERS, FL 33913

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Kathy Owen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY OWEN

4/21/08

239481-4700  
 DAYTIME PHONE