

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006596

FILED
Mar 12, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O SCHOO.MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

Current Mailing Address:

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

New Mailing Address:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

FEI Number: 20-3063761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MANAGEMENT, INC.
9411-2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 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: VP () Delete
Name: ERARD, DENIS
Address: 9070 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

Title: S/T () Delete
Name: SUCHOR, RAY
Address: 9053 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

Title: P () Delete
Name: OWEN, KATHLEEN
Address: 9047 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: EMARD, DENIS
Address: 9070 SHADOW GLEN WAY
City-St-Zip: FORT MYERS, FL 33913

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT E GELLES

CAM

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date