

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006596

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

FILED
Mar 16, 2017
Secretary of State
CC0012394333

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-3063761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GELLES, ROBERT E
SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919 US

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

Officer/Director Detail :

Title P
Name OWEN, KATHY
Address 9047 SHADOW GLEN WAY
City-State-Zip: FORT MYERS FL 33913

Title VP
Name SUCHOR, RAYMOND
Address 9070 SHADOW GLEN WAY
City-State-Zip: FORT MYERS FL 33913

Title S/T
Name BROWN, CHARLES
Address 9053 SHADOW GLEN WAY
City-State-Zip: FORT MYERS FL 33913

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BROWN

SECRETARY

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date