

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # 164457

1. Entity Name

SHAKER VILLAS INC

Principal Place of Business

24 BAL BAY DRIVE, APT. E

BAL HARBOUR FL 33154

Mailing Address

24 BAL BAY DRIVE, APT. E

BAL HARBOUR FL 33154

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0954443

Applied For

Not Applicable

5. Certificate of Status Desired

87.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDER, SYBILLE A.

24 BAL BAY DRIVE, APT. E

BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

55.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

PARSELLS, BETTY

26 BAL BAY DR., APT. B

BAL HARBOUR FL

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

HEBER, JOANNE G.

24 BAL BAY DR., APT. D

BAL HARBOUR FL

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TD

HOLDER, SYBILLE A.

24 BAL BAY DR., APT. E

BAL HARBOUR FL

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PD

HOLDER, DAN

24 BAL BAY DR. APT. E

BAL HARBOUR FL

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

HARLOW, JANE

22 BAL BAY DR., APT. A

BAL HARBOUR FL

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

SD

INMAN, SUSAN

22 BALBAY DR APT A

MIAMI BEACH FL 33154

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PARSELLS, ELIZABETH

SAME

33154

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

33154

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

33154

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

33154

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

CESAR GARCIA

28 BAL BAY DR., Apt. G

BAL HARBOUR, FL 33154

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

BAL HARBOUR, FL 33154

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Sybille A. Holder

SYBILLE A. HOLDER

2-23-07

305-866-3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #