

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 725399 (0)  
1. Corporation Name  
SHAKER VILLAGE CONDOMINIUM ASSOCIATION INC

Principal Place of Business

Mailing Address

40 MEACHAM LANE  
TAMARAC FL 3331940 MEACHAM LANE  
TAMARAC FL 33319-2416

3. Date Incorporated or Qualified

01/30/1973

3a. Date of Last Report

06/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A PRES  
BECKER & PLIAKOFF, PA  
3111 STIRLING RD  
FT LAUDERDALE FL 33312

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | JANE BEYERLEIN         |                                 |
| STREET ADDRESS | 53 SPINNING WHEEL LANE |                                 |
| CITY-ST-ZIP    | TAMARAC, FL 00000      |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | LESLEY ROTH            |                                 |
| STREET ADDRESS | 26 SPINNING WHEEL LANE |                                 |
| CITY-ST-ZIP    | TAMARAC FL             |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | ROLAND JOSEPH          |                                 |
| STREET ADDRESS | 25 PLEASANT HILL LANE  |                                 |
| CITY-ST-ZIP    | TAMARAC FL             |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | VIRGINIA BENACQUISTO   |                                 |
| STREET ADDRESS | 74 SPINNING WHEEL LANE |                                 |
| CITY-ST-ZIP    | TAMARAC FL             |                                 |
| TITLE          | ASD                    | <input type="checkbox"/> DELETE |
| NAME           | JOSEPH JACQUES         |                                 |
| STREET ADDRESS | 22 PLEASANT HILL LANE  |                                 |
| CITY-ST-ZIP    | TAMARAC FL             |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                    |                       |                                                                   |
|--------------------|-----------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | TD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | THERESA KINTZ         |                                                                   |
| 1.3 STREET ADDRESS | 59 PLEASANT HILL LANE |                                                                   |
| 1.4 CITY-ST-ZIP    | TAMARAC, FL 33319     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | PD                    |                                                                   |
| 2.2 NAME           | WALTER GRAY           |                                                                   |
| 2.3 STREET ADDRESS | 28 MEACHAM LANE       |                                                                   |
| 2.4 CITY-ST-ZIP    | TAMARAC, FL 33319     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | SD                    |                                                                   |
| 3.2 NAME           | MARCIA RICKETTS       |                                                                   |
| 3.3 STREET ADDRESS | 20 PLEASANT HILL LANE |                                                                   |
| 3.4 CITY-ST-ZIP    | TAMARAC FL, 33319     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | VD                    |                                                                   |
| 4.2 NAME           | JOEL PATTI            |                                                                   |
| 4.3 STREET ADDRESS | 55 CANTERBURY LANE    |                                                                   |
| 4.4 CITY-ST-ZIP    | TAMARAC, FL 33319     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          | ASD                   |                                                                   |
| 5.2 NAME           | BERNICE KLAYMAN       |                                                                   |
| 5.3 STREET ADDRESS | 52 CANTERBURY LANE    |                                                                   |
| 5.4 CITY-ST-ZIP    | TAMARAC, FL 33319     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          |                       |                                                                   |
| 6.2 NAME           |                       |                                                                   |
| 6.3 STREET ADDRESS |                       |                                                                   |
| 6.4 CITY-ST-ZIP    |                       |                                                                   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

Date

Daytime Phone # 0035152

CR2E037 (9/96)