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Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725399
1. Corporation Name

Shaker Village Condominium Association

Principal Place of Business: 40 Meacham Lane
Tamarac, Florida 33319
Mailing Address: 40 Meacham Lane
Tamarac, Florida 33319

2. Principal Place of Business: 2a. Mailing Address:
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
Poliakoff, Gary A. Pres.
Becker & Poliakoff
3111 Stirling Road
Ft. Lauderdale, Florida 33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Signature]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/30/93
4. FET Number: 59-1485674
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PO	Jaclynn Conner	106 Pleasant Hill Lane	Tamarac, Florida 33319
VP	Marcia Ricketts	20 Pleasant Hill Lane	Tamarac, Florida 33319
T.	Steve Mullings	31 Spinning Wheel Lane	Tamarac, Florida 33319
S.	Sislin Richardson	25 Canterbury Lane	Tamarac, Florida 33319
ASD	Bernice Klayman	52 Canterbury Lane	Tamarac, Florida 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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14. I hereby certify that the information supplied with this Form does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Jaclynn Conner
6/10/98 357-8551

CR2E034 (10/97)