2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State
07-14-2008 90025 028 ****61.25

DOCUMENT # 725399

1. Entity Name
SHAKER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
40 MEACHAM LN TAMARAC, FL 33319 US	40 MEACHAM LN TAMARAC, FL 33319 US

07092008 Chg-NP CR2E037 (12/06)

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 59-1485674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLAYMAN, BERNICE 40 MEACHAM LN TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JAMES, LORNA 40 MEACHAM LN TAMARAC, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JENNIFER BRANDSMA 51 CANTERBURY LANE TAMARAC, FL 33319	Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STULTZ, CLIVE 40 MEACHAM LN TAMARAC, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEGGY COHEN 1H SPINNING WHEEL LANE TAMARAC, FL 33319	Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARDNER, LAURENCE 40 MEACHAM LN TAMARAC, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUSAN FIELD 20 THE COMMON TAMARAC, FL 33319	Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, PEGGY 40 MEACHAM LN TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKIE CONNOR 106 PLEASANT HILL LANE TAMARAC, FL 33319	Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/10/08 954-726-0398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #