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Feb 04 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 730499 (1)
1. Corporation Name
SHADOWLAWN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
923 22ND PLACE 923 22ND PLACE
VERO BEACH FL 32960 VERO BEACH FL 32960

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 Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
08/21/1974
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMEO, EUGENE M
923 22ND PLACE, APT. 220
VERO BEACH FL 32960

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

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 ☐ DELETE

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VINCENTI, MARIO | |
| STREET ADDRESS | 923 22ND PLACE, APT. 112 | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | KOTOSKY, PAUL | |
| STREET ADDRESS | 15 RED BIRD ROAD | |
| CITY - ST - ZIP | STAMFORD CT 06905 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CAPORIZZO, WILLIAM J | |
| STREET ADDRESS | 339 STRAWBERRY HILL AVENUE | |
| CITY - ST - ZIP | STAMFORD CT 06902 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SLIMAK, HENRIETTA | |
| STREET ADDRESS | 923 22ND PLACE, APT. 116 | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ROMEO, EUGENE M | |
| STREET ADDRESS | 923 22ND PLACE, APT. 220 | |
| CITY - ST - ZIP | VERO BEACH FL 32960 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I 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: *Eugene M. Romeo* IS NO SIGNATURE REQUIRED 1/3/98 361-587-3613
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)