2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State DOCUMENT # 730499** 1. Entity Name 02-17-2006 90075 037 ****61.25 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINTER, JOHN F Street Address (P.O. Box Number is Not Acce 923 22ND PLACE, APT. 219 VERO BEACH FL 32960 Zip Code **31960** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Addition TITLE WINTER, JOHN F NAME NAME 923 22ND PLACE #219 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-7IP VPD - TD ☐ Change Addition Delete TITLE TITLE SMITH, DEAN AT NAME NAME 135 POMEROY AVE STREET ADDRESS STREET ADDRESS CRYSTAL LAKE IL 60014 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME SLIMAK, HENRIETTA NAME STREET ADDRESS 923 22ND PLACE, APT. 116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change Addition ☐ Delete IJŒ TITLE ROMEO, EUGENE M NAME 923 22ND PLACE, APT. 220 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709

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 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:

FILED