

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 31, 2008 8:00 am
Secretary of State

03-12-2008 90026 033 ****61.25

DOCUMENT # 730499 1. Entity Name SHADOWLAWN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 923 22ND PLACE VERO BEACH FL 32960			Mailing Address 923 22ND PLACE 101 VERO BEACH FL 32960		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMEO, EUGENE M 923 22ND PLACE, A-220 VERO BEACH FL 32960				7. Name and Address of New Registered Agent 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 <u><i>Eugen Romeo</i></u> Signature, in ink, of the current registered agent and state / applicable. <u>2/27/08</u> DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 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	VPDT SMITH, DEAN A 135 POMEROY AVE CRYSTAL LAKE IL 60014		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLIMAK, HENRIETTA 923 22ND PLACE, APT. 116 VERO BEACH FL 32960		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMEO, EUGENE M 923 22ND PLACE, APT. 220 VERO BEACH FL 32960		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SMITH, MICHAEL 923 22ND PL APT. 109 VERO BEACH FL 32960		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 517, 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: <u><i>Eugen Romeo</i></u> 03/26/08 772-567-3613 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					