

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 01, 2006
Secretary of State

DOCUMENT# 733103

Entity Name: SHADY DELL II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3135 SHADY DELL LANE
BOX 153
MELBOURNE, FL 32935**New Principal Place of Business:****Current Mailing Address:**3135 SHADY DELL LANE
BOX 153
MELBOURNE, FL 32935**New Mailing Address:****FEI Number:** 59-1652406**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DARCH, JOHN
3135 SHADY DELL LN.
#230
MELBOURNE, FL 32940 US**Name and Address of New Registered Agent:**MOTT, ROBERT
3135 SHADY DELL LN.
#238
MELBOURNE, FL 32940 US

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.

SIGNATURE: ROBERT J MOTT

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MOTT, ROBERT
Address: 3135 SHADY DELL LANE, # 238
City-St-Zip: MELBOURNE, FL 32935

Title: DT () Delete
Name: WRIGHT, THOMAS
Address: 3135 SHADY DELL LANE, # 239
City-St-Zip: MELBOURNE, FL 32935

Title: DPS () Delete
Name: DARCH, JOHN
Address: 3135 SHADY DELL LANE., #230
City-St-Zip: MELBOURNE, FL 32935

Title: DP () Delete
Name: MASON, THERESA
Address: 3135 SHADY DELL LANE, # 139
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MOTT, ROBERT
Address: 3135 SHADY DELL LANE, # 238
City-St-Zip: MELBOURNE, FL 32935

Title: DVP (X) Change () Addition
Name: WRIGHT, THOMAS
Address: 3135 SHADY DELL LANE, # 239
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: DARCH, JOHN
Address: 3135 SHADY DELL LANE., #230
City-St-Zip: MELBOURNE, FL 32935

Title: DS (X) Change () Addition
Name: MASON, THERESA
Address: 3135 SHADY DELL LANE, # 139
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J MOTT

DPT

05/01/2006

Electronic Signature of Signing Officer or Director

Date