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

SIGNATURE

Feb 17, 2006 8:00 am **DOCUMENT # 733935 Secretary of State** 1. Entity Name 02-17-2006 90072 027 ****61.25 SHADOW LAKE CONDOMINIUM, INC. Principal Place of Business Mailing Address C/O RICHARD L. HICKS 7112 STEEPLECHASE WAY LANSING MI 48917 121-131 CARIBBEAN STREET **DELTONA FL 32728** 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 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKWOOD, ANTON Street Address (P.O. Box Number is Not Acceptable) 131 CARIBBEAN ST #2A **DELTONA FL 32725** Zip Code 8. The above named entity submits thi 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete Change ☐ Addition BEEMER, EVERETT NAME NAME STREET ADDRESS 131 CARIBBRAN 3 A STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BLACKWOOD, ANTON NAME 131 CARIBBEAN ST. #2 A STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY-ST-ZIP CITY-ST-ZIP Change 🔀 TITLE ☐ Delete TITLE ☐ Addition HICKS, RICHARD L NAME NAME #8B 131 CARIBBEAN #8 C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DUNN-RHOTEN, SHIRLEY NAME STREET ADDRESS 121 CARIBBEAN ST # 11C STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 feedver 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 affactorytent with an affices, with all place like empowered. MYCH, 1-517 3233557

RICHARD L-HICKS 2-6-06 FL 1-386-5747948

FILED