2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90022 036 ****61.25

DOCUMENT # 733935

1. Entity Name
SHADOW LAKE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
121-131 CARIBBEAN STREET BOX 5201 DELTONA, FL 32728	C/O RICHARD L. HICKS 7112 STEEPLECHASE WAY LANSING, MI 48917

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLACKWOOD, ANTON~~
~~131 CARIBBEAN ST #2A~~
~~DELTONA, FL 32725~~

GAYLE, ANN
131 CARIBBEAN #5B
DELTONA, FL. 32725

DO NOT WRITE IN THIS SPACE

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 Richard L Hicks RICHARD L. HICKS Apr. 8, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEEMER, EVERETT
STREET ADDRESS	131 CARIBBRAN 3 A
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	~~VPD~~
NAME	~~BLACKWOOD, ANTON~~ REMOVE.
STREET ADDRESS	~~131 CARIBBEAN ST. #2 A~~
CITY-ST-ZIP	~~DELTONA, FL 32725~~
TITLE	T
NAME	HICKS, RICHARD L
STREET ADDRESS	131 CARIBBEAN # 8B
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	ST
NAME	DUNN-RHOTEN, SHIRLEY
STREET ADDRESS	121 CARIBBEAN ST # 11C
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	SEC V.P.D.
NAME	GAYLE, ANN
STREET ADDRESS	131 CARIBBEAN ~~#5B~~ 5 B
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

JAN-APR. 1-386 574 9418

SIGNATURE: Richard L Hicks 4/8/08 MAY-DEC 1-517-3233557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #