

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763950

FILED
Apr 09, 2010
Secretary of State

Entity Name: SHADOW LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10825 SEMINOLE BLVD
UNIT 3A
SEMINOLE, FL 34648 US

New Principal Place of Business:

Current Mailing Address:

10825 SEMINOLE BLVD
UNIT 3A
SEMINOLE, FL 34648 US

New Mailing Address:

FEI Number: 59-2219302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPPER, THOMAS W.
10825 SEMINOLE BLVD
#1
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KAPPER, THOMAS W
Address: 10825 SEMIMOLE BLVD #1
City-St-Zip: LARGO, FL 33778

Title: DT
Name: CULP, SYLVIA
Address: 11201 122ND AVE N # 250
City-St-Zip: LARGO, FL 33778

Title: DS
Name: MCCAIN, DONNA
Address: 11201 122ND AVENUE NORTH #217
City-St-Zip: LARGO, FL 33778

Title: D
Name: BUFFO, MELLISA
Address: 11201 122ND AVE N #249
City-St-Zip: LARGO, FL 33778

Title: D
Name: ZELLNER, PATRICIA
Address: 11201 122ND AVENUE NORTH #121
City-St-Zip: LARGO, FL 33778

Title: DVP
Name: PAES, JAMES
Address: 11201 122ND AVENUE NORTH #181
City-St-Zip: LARGO, FL 33778

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W KAPPER

DP

04/09/2010

Electronic Signature of Signing Officer or Director

Date