

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90257 043 \*\*\*\*61.25

**DOCUMENT # 765071**

1. Entity Name

SHAKER WOODS COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US

Mailing Address

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2087991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTLE MGMT, INC  
4450 WEST SUNRISE BLVD  
STE C-100  
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

MARTIN & BENNIS, P.A.

Street Address (P.O. Box Number is Not Acceptable)

ROBERT C. MARTIN, ESQ.  
319 S.E. 14th St.

City

Ft. Lauderdale

FL

Zip Code

33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert C. MARTIN, ESQ.

4-26-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE PD  
NAME CRUMBLY, LEON A  
STREET ADDRESS 6040 SHAKERWOOD CR. D202  
CITY-ST-ZIP TAMARAC FL 33068-1018 ☐ Delete

TITLE VD  
NAME PARISI, ANTONIO  
STREET ADDRESS 6010 SHAKERWOOD CR.  
CITY-ST-ZIP TAMARAC FL 33319 ☒ Delete

TITLE TD  
NAME HOWELL, THERESSA  
STREET ADDRESS 6010 SHAKERWOOD CR #B201  
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE D  
NAME CAPUTA, JUDITH A  
STREET ADDRESS 6001 SHAKERWOOD CR, #A107  
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE SD  
NAME HAYES, CURTIS G  
STREET ADDRESS 6010 SHAKERWOOD CR. B-205  
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Benjamin Stephenson  
STREET ADDRESS 6040 Shakerwood Cir. #D-104  
CITY-ST-ZIP TAMARAC, FL 33319

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Curtis Hayes, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (954) 720-9376

Date

Daytime Phone #