


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-06-2005 90105 003 ****61.25

DOCUMENT # 765071
 1. Entity Name
SHAKER WOODS COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O CASTLE GROUP P O BOX 189013 PLANTATION FL 33318 US
 C/O CASTLE GROUP P O BOX 189013 PLANTATION FL 33318 US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

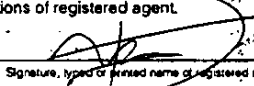
4. FEI Number **59-2087991**
 Applied For Not Applicable
 6. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
MARTIN & BENNIS, P.A.
ROBERT C. MARTIN ESQ.
319 S.E. 14TH ST.
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name **Bauman + Bauman, ksoner**
 Street Address (P.O. Box Number is Not Acceptable) **7119 Broward Blvd**
 City **Plantation** FL Zip Code **33317**

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  DATE **5.20.05**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 FILE NOW: FEE IS \$61.25 Due By May 1, 2005
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CRUMBLEY, LEON A	
STREET ADDRESS	6040 SHAKERWOOD CR. D202	
CITY-ST-ZIP	TAMARAC FL 33068-1018	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, THERESA	
STREET ADDRESS	6010 SHAKERWOOD CR #B201	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPUTA, JUDITH A	
STREET ADDRESS	6001 SHAKERWOOD CR, #A107	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYES, CURTIS G	
STREET ADDRESS	6010 SHAKERWOOD CR. B-205	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, BENJAMIN	
STREET ADDRESS	6040 SHAKERWOOD CIR., #D-104	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raphael Guerold	
STREET ADDRESS	6010 Shakerwood Cir. 108A	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERESE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Ederson	
STREET ADDRESS	6001 Shakerwood Cir. 202E	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Stapleton	
STREET ADDRESS	6010 Shakerwood Cir.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  DATE _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR