

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90039 008 \*\*\*\*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**

40003000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006

Chg-NP

CR2E037 (11/05)

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**

**BAIRMEN & BAUMENI KANNEN  
7119 BROWARD BLVD  
FORT LAUDERDALE, FL 33317**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **D** ☒ Delete  
NAME **BUEROLD, RAPHAEL**  
STREET ADDRESS **6051 SHANKERWOOD CIRCLE, 108A**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE **D** ☐ Delete  
NAME **HOWELL, THERESE**  
STREET ADDRESS **6010 SHAKERWOOD CR #B201**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE **STD** ☒ Delete  
NAME **EVERSON, TERRY**  
STREET ADDRESS **6001 SHAKERWOOD CIRCLE, 202E**  
CITY-ST-ZIP **TAMARAC, FL**

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

TITLE **D** ☒ Delete  
NAME **STAPLETON, KAREN**  
STREET ADDRESS **6010 SHAKERWOOD CIRCLE**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **V.P** ☒ Change ☐ Addition  
NAME **Kalman Kaufman**  
STREET ADDRESS **6001 Shakerwood Circle**  
CITY-ST-ZIP **Tamarac, FL**

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

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.

**SIGNATURE:**

*Curtis G Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/18/06**

Date

**954-232-4624**

Daytime Phone #