

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90097 022 \*\*\*\*61.25

**DOCUMENT # 765071**

1. Entity Name  
**SHAKER WOODS COMMONS CONDOMINIUM  
ASSOCIATION, INC.**



40113429



05012007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #  
*10191 W. Sample Rd #203*  
Suite, Apt. #, etc.  
City & State  
*Coral Springs, FL*  
Zip  
*33065* Country  
*Broward*

3. Mailing Address  
*10191 W. Sample Rd #203*  
Suite, Apt. #, etc.  
City & State  
*Coral Springs, FL*  
Zip  
*33065* Country  
*Broward*

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 *Bauman + Bauman, Kanner*  
Street Address (P.O. Box Number is Not Acceptable)  
*4050 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, THERESE		NAME	Michelle Rose	
STREET ADDRESS	6010 SHAKERWOOD CR #B201		STREET ADDRESS	6001 Shakerwood Common #105	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	Tamara, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, CURTIS G		NAME	Judith Caputo	
STREET ADDRESS	6010 SHAKERWOOD CR. B-205		STREET ADDRESS	6001 Shakerwood Common #107	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	Tamara, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEUFMAN, KALMAN		NAME	Anthony Parisi	
STREET ADDRESS	60004 SNAKEWOOD CIRCLE		STREET ADDRESS	6010 Shakerwood Cr - #204	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	Tamara, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Martine Mogel	
STREET ADDRESS			STREET ADDRESS	11271 W A Hantle Blvd. #105	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Darlene Setzer	
STREET ADDRESS			STREET ADDRESS	2667 Marathon Lane	
CITY-ST-ZIP			CITY-ST-ZIP	FL - Landersdale, FL 33312	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *[Signature]* **5/9/07** **954-682-0879**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #