

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90043 038 \*\*\*\*61.25

**DOCUMENT # 765071**

1. Entity Name

**SHAKER WOODS COMMONS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

C/O J & L MGMT.  
10191 W. SAMPLE RD #203  
CORAL SPRINGS FL 33065  
US

Mailing Address

C/O J & L MGMT.  
10191 W. SAMPLE RD #203  
CORAL SPRINGS FL 33065  
US



2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMAN & BAUMAN, KANNER**  
**4050 BROWARD BLVD.**  
**PLANTATION FL 33317**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 ROSE, MICHELLE ☐ Delete  
STREET ADDRESS 6001 SHAKERWOOD COMMON #105  
CITY-ST-ZIP TAMARAC FL

TITLE VP  
NAME CAPATA, JUDITH ☐ Delete  
STREET ADDRESS 6001 SHAKERWOOD COMMON #107  
CITY-ST-ZIP TAMARAC FL

TITLE T  
NAME PARISI, ANTHONY ☐ Delete  
STREET ADDRESS 6010 SHAKERWOOD CR- #204  
CITY-ST-ZIP TAMARAC FL

TITLE D  
NAME MOGEL, MARTINE ☒ Delete  
STREET ADDRESS 11277 N. ATLANTIC BLVD #105  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE S  
NAME FETZER, DARLENE ☒ Delete  
STREET ADDRESS 2667 MARATHON LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

2-25-08