2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006596

FILED Apr 04, 2012 Secretary of State

Entity Name: SHADOW GLEN AT COLONIAL II RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SCHOO.MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

C/O SCHOO.MANAGEMENT
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

C/O SCHOO.MANAGEMENT
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919

FEI Number: 20-3063761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELLES, ROBERT E
SCHOO MANAGEMENT, INC.
9411-2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US
GELLES, ROBERT E
SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DR., STE 2
FORT MYERS, FL 33919 US

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.

SIGNATURE: 04/04/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: OWEN, KATHY

Address: 9047 SHADOW GLEN WAY City-St-Zip: FORT MYERS, FL 33913

Title: VP

Name: EMARD, DENIS

Address: 9070 SHADOW GLEN WAY City-St-Zip: FORT MYERS, FL 33913

Title: S/T

 Name:
 SUCHOR, RAYMOND

 Address:
 9053 SHADOW GLEN WAY

 City-St-Zip:
 FORT MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND SUCHOR SEC 04/04/2012