

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012415

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** THE SHADICK DRIVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

898 SHADICK DR  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

898 SHADICK DR  
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number:** 20-8520719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOSTALEK, ROBERT D  
1773 HAVERHILL CT  
DELTONA, FL 32725 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOSTALEK, ROBERT D  
Address: 1773 HAVERHILL CT  
City-St-Zip: DELTONA, FL 32725

Title: DVP ( ) Delete  
Name: WANAMAKER, JOHN  
Address: 1019 TOWN CTR DR  
City-St-Zip: ORANGE CITY, FL 32763

Title: DS ( ) Delete  
Name: SEREMETA, RICHARD  
Address: 1019 TOWN CTR DR  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DOSTALEK, ROBERT D  
Address: 1773 HAVERHILL CT  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT D. DOSTALEK

DP

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date