2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90406 023 ****61.25

DOCUMENT # N08677

1. Entity Name
SHANNON LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

50008354

Principal Place of Business	Mailing Address
% MIAMI MANAGEMENT 1189 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	% MIAMI MANAGEMENT 1189 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

03132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O Miami Management	C/O Miami Management
Suite, Apt. #, etc.: 1145 Sawgrass Corp Pkwy	Suite, Apt. #, etc.: 1145 Sawgrass Corp Pkwy
City & State: Sunrise FL	City & State: Sunrise FL
Zip: 33323 Country:	Zip: 33323 Country:

4. FEI Number 65-0158556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUERVO, TED 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roger Wishnow 1018 NW 132 Ave Sunrise FL 33323 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEFERRARI, JACQUE 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NOBLES, ROBERT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILL, BARBARA 1145 SWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANIELLO, JENNY 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/3/06 954-846-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #