

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90010 003 ****61.25

DOCUMENT # N08677	
1. Entity Name SHANNON LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business % MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	Mailing Address % MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
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40022724



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

01042007 Chg-NP CR2E037 (12/06)

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	

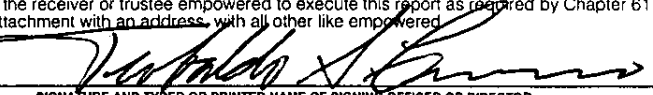
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUERVO, TED DBALDO ☐ Delete 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition CUERVO, TED DBALDO 1145 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEFERRARI, JACQUE ☐ Delete 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition DEFERRARI, JACQUE 1145 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLES, ROBERT ☒ Delete 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition DRAZIN, SCOTT 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, BARBARA ☐ Delete 1145 SWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☒ Change ☐ Addition HILL, BARBARA 1145 SAWGRASS CORP. PKWY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISHNER, ROGER ☐ Delete 1018 NW 132 AVE SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☒ Change ☐ Addition WISHNER, ROGER 1145 SAWGRASS CORP. PKWY SUNRISE FL 33323
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:  2-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #