2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08677

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

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

10092007 Chg-NP CR2E037 (12/06)

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 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.

500112030445
11/06/07--01016--008 **61.25

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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, TEOBALDO 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☒ Delete	PRESIDENT WISHNER, ROGER 1148 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEFERRARI, JACQUE 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☒ Delete	VP DRAIZIN, SCOTT 1145 SAWGRASS CORP. PARKWAY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAZINI, SCOTT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☒ Delete	TREASURER DRAIZIN, TODD 1145 SAWGRASS CORP. PARKWAY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILL, BARBARA 1145 SWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	SECRETARY HILL, BARBARA SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WISHNER, ROGER 1018 NW 132 AVE SUNRISE, FL 33323	☒ Delete	DIRECTOR SCHWAB, RONALD 1145 SAWGRASS CORP. PARKWAY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: X _____ 10-16-07 954-914-2860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #