

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N08677 1. Entity Name SHANNON LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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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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01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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.

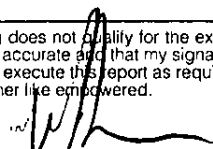
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISHNER, ROGER 1148 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAIZIN, SCOTT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAIZIN, TODD 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, BARBARA 1145 SWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, RONALD 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  1/21/08 (95A) 914-2860

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