

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08677

FILED
Apr 16, 2009
Secretary of State

Entity Name: SHANNON LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

% MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0158556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 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: P () Delete
Name: WISHNER, ROGER
Address: 1148 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: DRAIZIN, SCOTT
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: DRAIZIN, TODD
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: HILL, BARBARA
Address: 1145 SWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: SCHWAB, RONALD
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRAIZIN, TODD
Address: 1148 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

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

Title: T (X) Change () Addition
Name: WISHNER, ROGER
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

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: TODD DRAIZIN

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date