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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherz
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10900 (1)
1. Corporation Name
SHADOW HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
343 McDONALD STREET 343 McDONALD STREET
MOUNT DORA FL 32757 MOUNT DORA FL 32757-5575

3. Date Incorporated or Qualified 08/29/1985
3a. Date of Last Report 02/09/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 90 CHARLES P. RANEY, SECY
22 City & State 27 P.O. BOX 1204
23 Zip 28 CUYAHOGA FALLS, OHIO
24 Country 29 44223 30 USA
25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCHARD, CLAYTON H JR.
35 E. PINEHURST BLVD.
EUSTIS FL 32726

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D PEREZ, MAXIMO G DELETE
NAME 343 N. MACDONALD STREET
STREET ADDRESS MOUNT DORA FL 32757
CITY-ST-ZIP
TITLE PD KLEB, GEORGE R DELETE
NAME 12101 METCALF CIRCLE
STREET ADDRESS FAIRFAX VA 22030
CITY-ST-ZIP
TITLE D BLANCHARD, CLAYTON H JR DELETE
NAME 35 E. PINEHURST BLVD.
STREET ADDRESS EUSTIS FL 32726
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.1 TITLE D. DIEHL, PAUL I. Change Addition
1.2 NAME 343 McDONALD STREET, UNIT #102
1.3 STREET ADDRESS MOUNT DORA FL 32757
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE STD CHARLES P. RANEY Change Addition
3.2 NAME P.O. BOX 1204 - 674 MEREDITH LANE
3.3 STREET ADDRESS CUYAHOGA FALLS, OHIO 44223
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)