

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90020 014 \*\*\*\*\*61.25

0088217

**DOCUMENT # N10900**

1. Entity Name

**SHADOW HARBOUR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**343 McDONALD STREET  
 MOUNT DORA FL 32757**

Mailing Address

**C/O CHARLES P RANEY, SECY  
 P O BOX 1204  
 CUYAHOGA FALLS OH 44223  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**90 RICHARD J. MAGLIO**

**676 SMOKERISE BLVD**

**LONGWOOD, FL**

**32779**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**54-1357882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MAGLIO, RICHARD J**  
 CITY-ST-ZIP **676 SMOKERISE BLVD  
 LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
 NAME **STD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **KLEB, GEORGE R**  
 CITY-ST-ZIP **12101 METCALF CIRCLE  
 FAIRFAX VA 22030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **STD**  
 STREET ADDRESS **RANEY, CHARLES P**  
 CITY-ST-ZIP **P O BOX 1204- 674 MEREDITH LANE  
 CUYAHOGA FALLS OH**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **LEE PORTER**  
 CITY-ST-ZIP **411 QUAY ASSISI  
 NEW SMYRNA, FL 32169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD J.  
 MAGLIO**

**3/30/01 407 682-3051**

Date

Daytime Phone #

CR2E037 (10/00)