

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**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 RICHARD J MAGLIO  
676 SMOKERISE BLVD  
LONGWOOD, FL 32779 US**

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-NP

CR2E037 (10/03)

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

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HESS, DIANE  
307 SHADOW HARBOUR LN  
MOUNT DORA, FL 32757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KAYE, CAROLINE  
225-B N. TREMAIN ST  
MOUNT DORA, FL 32757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 2/4/04**

Date

**407-682-5067**

Daytime Phone #