
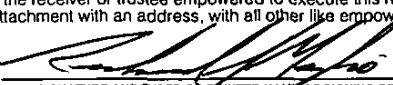


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90051 039 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 54-1357882	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLANCHARD, CLAYTON H JR. 35 E. PINEHURST BLVD. EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MAGLIO, RICHARD J 676 SMOKERISE BLVD LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEB, GEORGE R 12101 METCALF CIRCLE FAIRFAX, VA 22030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, LEE 411 QUAY ASSISI NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, DIANE 307 SHADOW HARBOUR LN MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, CAROLINE 225-B N. TREMAIN ST MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNEMAN, ROBERT 343 McDONALD ST., UNIT 101 MOUNT DORA, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, DIANE 307 SHADOW HARBOUR LN MOUNT DORA, FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, CAROLINE 225-B N. TREMAIN ST MOUNT DORA, FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNEMAN, ROBERT 343 McDONALD ST., UNIT 101 MOUNT DORA, FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  RICHARD J. MAGLIO 2/21/05 407-257-6272					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50019062



01162005 Chg-NP CR2E037 (10/03)