

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 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**



01272006 No Chg-NP CR2E037 (11/05)

**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**

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

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**100000406928  
02/07/06-80110-020 \$1.25**

**10. OFFICERS AND DIRECTORS**

TITLE	SDT
NAME	MAGLIO, RICHARD J
STREET ADDRESS	676 SMOKERISE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD
NAME	KLEB, GEORGE R
STREET ADDRESS	12101 METCALF CIRCLE
CITY-ST-ZIP	FAIRFAX, VA 22030
TITLE	D
NAME	FENNEMAN, ROBERT
STREET ADDRESS	434 MC DONALD ST UNIT 101
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	HESS, DIANE
STREET ADDRESS	307 SHADOW HARBOUR LN
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	KAYE, CAROLINE
STREET ADDRESS	225-B N. TREMAIN ST
CITY-ST-ZIP	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 exemptions contained 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 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**

**1/27/06**

**407-257-6272**

Date

Daytime Phone #