

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90048 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**

40041086



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03062008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEB, GEORGE R 343 MCDONALD ST., UNIT 103 MT. DORA, FL 32753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEB, GEORGE R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 343 MCDONALD ST. UNIT 103 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNEMAN, ROBERT 434 MC DONALD ST UNIT 101 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNEMAN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 343 MCDONALD ST UNIT 101 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPICH, THOMAS 343 MCDONALD ST., UNIT 201 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPICH, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 343 MCDONALD ST. UNIT 201 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, CAROLINE 225-B N. TREMAIN ST MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABCOK, CAROLINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 305 SHADOW HARBOUR LN. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, SIOBHAN 303 SHADOW HARBOUR LN. MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM KABOUR E.K. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 306 SHADOW HARBOUR LN. MOUNT DORA, FL 32757

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: Richard J. Maglio **3/6/08** **407-671-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #