

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10900

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: SHADOW HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

343 MCDONALD STREET  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD J MAGLIO  
676 SMOKERISE BLVD  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 54-1357882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SDT ( ) Delete  
Name: MAGLIO, RICHARD J  
Address: 676 SMOKERISE BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: KLEB, GEORGE R  
Address: 343 MCDONALD ST. UNIT 103  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: FENNEMAN, ROBERT  
Address: 343 MCDONALD ST. UNIT 101  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: EPPICH, THOMAS  
Address: 343 MCDONALD ST., UNIT 201  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: BABCOCK, CAROLINE  
Address: 305 SHADOW HARBOUR LN  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: O'DONNELL, SIOBHAN  
Address: 303 SHADOW HARBOUR LN.  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SDT (X) Change ( ) Addition  
Name: MAGLIO, RICHARD J  
Address: 343 MCDONALD ST. UNIT 202  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: EPPICH, THOMAS  
Address: 343 MCDONALD ST., UNIT 201  
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change ( ) Addition  
Name: KABOUREK, WILLIAM  
Address: 306 SHADOW HARBOUR LN  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. MAGLIO

STD

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date