

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