

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001774 (7)**
1. Corporation Name

SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
503 N ORLANDO AVE SUITE 105 P O BOX 320808 COCOA BEACH FL 32932-0808

3. Date Incorporated or Qualified **04/13/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 3113 New Found Hbr Dr. 26 P.O. Box 542229 59-3102086
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable
22 27
City & State City & State
23 MERRITT ISL FL 28 MERRITT ISL FL
Zip Country Zip Country
24 32952 25 32954-2229 29

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHOEMAKER, JOHN B
503 N ORLANDO AVE
SUITE 105 P O BOX 320808
COCOA BEACH FL 32932-0808**

10. Name and Address of New Registered Agent
**81 Name BARBARA LONG
82 Street Address (P.O. Box Number is Not Acceptable) 3113 New Found Hbr Dr.
83
84 City MERRITT ISLAND FL 85 Zip Code 32952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Barbara Long (BARBARA LONG) DATE **5-10-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN B	
STREET ADDRESS	P O BOX 320808 N/A	
CITY-ST-ZIP	COCOA BEACH FL 32932-0808	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PLUM, VICTORIA	
STREET ADDRESS	P O BOX 320808 N/A	
CITY-ST-ZIP	COCOA BEACH FL 32932-0808	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, ALBERT	
STREET ADDRESS	P O BOX 320808 N/A	
CITY-ST-ZIP	COCOA BEACH FL 32932-0808	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	A/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTHUR ANDREWS	
1.3 STREET ADDRESS	565 Shadowwood Ln #325	
1.4 CITY-ST-ZIP	Titusville FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John B Shoemaker	
2.3 STREET ADDRESS	503 N ORLANDO AVE	
2.4 CITY-ST-ZIP	Cocoa Beach FL 32908	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth CARROLL	
3.3 STREET ADDRESS	565 Shadowwood Ln #313	
3.4 CITY-ST-ZIP	Titusville FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARBARA LONG	
4.3 STREET ADDRESS	3113 New Found Hbr Dr	
4.4 CITY-ST-ZIP	MERRITT ISL FL 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200001863282	
5.4 CITY-ST-ZIP	-06/17/96--01023-002	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Long **BARBARA LONG** DATE **5/10/96** 407-452-3517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)