


**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90071 012 \*\*\*\*61.25

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

DOCUMENT # N95000001774					
1. Entity Name SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US			Mailing Address 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US		
2. Principal Place of Business <i>1061 Cheney Highway</i>		3. Mailing Address <i>1061 Cheney Highway</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Titusville, FL</i>		City & State <i>Titusville, FL</i>		01142006 Chg-NP CR2E037 (11/05)	
Zip <i>32780-6356</i>		Country <i>Brevard</i>		4. FEI Number 59-3102086	
Zip <i>32780-6356</i>		Country <i>Brevard</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUMBLIN, WILLIAM D 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796			7. Name and Address of New Registered Agent Name <i>Conrad M Jones Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1061 Cheney Highway</i> City <i>Titusville</i> FL Zip Code <i>32780-6356</i>		
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 <i>Conrad M. Jones Jr.</i>				DATE <i>1-14-06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD BERNIER, SANDRA 595 SHADOW WOOD LANE -SUITE 331 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OBRECHT, AL 565 SHADOW WOOD LANE -SUITE 315 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSS, JUNE 565 SHADOW WOOD LANE -SUITE 325 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Castro, Michael R</i> <i>565 Shadow Wood Lane Unit 322</i> <i>Titusville, FL 32780-3515</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, GAYLE R 565 SHADOW WOOD LANE -SUITE #333 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Greenblum, Marianne</i> <i>565 Shadow Wood Lane Unit 335</i> <i>Titusville, FL 32780-3515</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTENSEN, TERRA J 565 SHADOW WOOD LANE - UNIT 333 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Obrecht, Alton V</i> <i>17618 B. Kirkwood Drive</i> <i>Clinton Township, MI 48038-1209</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Higgs, Morton R</i> <i>565 Shadow Wood Lane Unit 313</i> <i>Titusville, FL 32780-3515</i>	
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: <i>Morton R. Higgs</i>				Date <i>01/16/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	