


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90037 020 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N95000001774
 1. Entity Name
SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.



40019246



Principal Place of Business
 1061 CHENEY HIGHWAY
 TITUSVILLE, FL 32780 US

Mailing Address
 Y1061 CHENEY HIGHWAY
 TITUSVILLE, FL 32780 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3102086

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, CONRAD JR M
 1062 CHENEY HIGHWAY
 TITUSVILLE, FL 32780

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 *Marianne Greenblum*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/14/07

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 SD NAME BERNIER, SANDRA STREET ADDRESS 595 SHADOW WOOD LANE -SUITE 331 CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OBRECHT, AL STREET ADDRESS 565 SHADOW WOOD LANE -SUITE 315 CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HIGGS, MORTON R STREET ADDRESS 565 SHADOW WOOD LANE UNIT 317 CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OBRECHT, ALTON V STREET ADDRESS 17618 E. KIRKWOOD DR. CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GREENBLUM, MARIANNE STREET ADDRESS 565 SHADOW WOOD LANE - UNIT 333 CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CASTRO, MICHAEL STREET ADDRESS 565 SHADOW WOOD LANE UNIT 322 CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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