

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001774

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1061 CHENEY HIGHWAY  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

1061 CHENEY HIGHWAY  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

**FEI Number:** 59-3102086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DISALVO, PETER A  
1062 CHENEY HIGHWAY  
TITUSVILLE, FL 32780 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: D  
Name: OBRECHT, ALTON V  
Address: 17618 E. KIRKWOOD DR.  
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: STD  
Name: CROWLEY, JOHN  
Address: 565 SHADOWWOOD LANE UNIT #324  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD  
Name: CASTRO, MICHAEL  
Address: 565 SHADOW WOOD LANE UNIT 322  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: COMBS, COET  
Address: 565 SHADOW WOOD LANE #325  
City-St-Zip: TITUSVILLE, FL 327803515

Title: D  
Name: LANG, JOHN JR  
Address: 565 SHADOW WOOD LANE #323  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: JOHN CROWLEY

STD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date