

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001774

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

**FILED**  
**Apr 21, 2020**  
**Secretary of State**  
**8707150315CC**

**Current Principal Place of Business:**

7145 TURNER ROAD  
SUITE 101  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

7145 TURNER ROAD  
SUITE 101  
ROCKLEDGE, FL 32955 US

**FEI Number: 59-3102086**

**Certificate of Status Desired: No**

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

OMEGA COMMUNITY MANAGEMENT, INC.  
7145 TURNER ROAD  
SUITE 101  
ROCKLEDGE, FL 32955 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COMBS, COET  
Address        7145 TURNER ROAD  
                  SUITE 101  
City-State-Zip: ROCKLEDGE FL 32955

Title            VP  
Name            KNOWLES, VANDA  
Address        7145 TURNER ROAD  
                  SUITE 101  
City-State-Zip: ROCKLEDGE FL 32955

Title            SECRETARY  
Name            LANG, JOHN  
Address        7145 TURNER ROAD  
                  SUITE 101  
City-State-Zip: ROCKLEDGE FL 32955

Title            TREASURER  
Name            MURRAY, JAMES  
Address        7145 TURNER ROAD  
                  SUITE 101  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            PEAREN, WAYNE  
Address        7145 TURNER ROAD  
                  SUITE 101  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            CASTRO, MIKE  
Address        7145 TURNER ROAD, STE 101  
City-State-Zip: ROCKLEDGE FL 32955

*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: COMBS , COET**

**PRESIDENT**

**04/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date