

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N24475 (8)  
 1. Corporation Name  
 SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 585 SHADOW WOOD LANE, UNIT 3, TITUSVILLE FL 32780, US  
 Mailing Address: 585 SHADOW WOOD LANE, UNIT 3, TITUSVILLE FL 32780, US

3. Date Incorporated or Qualified: 01/25/1988  
 3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

4. FEI Number: 59-2868928  
 Applied For: Not Applicable  
 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  
 STORRS, TIM  
 585 SHADOW WOOD LANE, UNIT 3  
 TITUSVILLE FL 32780

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 7/22/96

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | STD                          | <input type="checkbox"/> DELETE |
| NAME           | ULINSKI, ANN                 |                                 |
| STREET ADDRESS | 585 SHADOW WOOD LANE, UNIT 4 |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL                |                                 |
| TITLE          | PD                           | <input type="checkbox"/> DELETE |
| NAME           | STORRS, TIM                  |                                 |
| STREET ADDRESS | 585 SHADOW WOOD LANE, UNIT 3 |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL                |                                 |
| TITLE          | VD                           | <input type="checkbox"/> DELETE |
| NAME           | ULINSKI, RICHARD             |                                 |
| STREET ADDRESS | 585 SHADOW WOOD LN, #04      |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL                |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | BIRKENFELD, JERE             |                                 |
| STREET ADDRESS | 585 SHADOW WOOD LN, #02      |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL                |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <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: [Signature] DATE: 7/22/96 DAYTIME PHONE: (407) 264-4443

CR2E037 (3/96)