

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32780-3513 US
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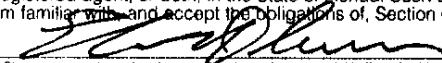
3. Date Incorporated or Qualified 01/25/1988	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21 585 SHADOW WOOD LANE Suite, Apt. #, etc. 22 UNIT # 1 City & State 23 TITUSVILLE, FLORIDA Zip Country 24 32780-3513 25 BREVARD	2a. Mailing Address 26 585 SHADOW WOOD LANE Suite, Apt. #, etc. 27 UNIT # 1 City & State 28 TITUSVILLE, FLORIDA Zip Country 29 32780-3513 30 BREVARD
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4. FEI Number 59-2888928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
ODISHO, EDWIN
82 Street Address (P.O. Box Number is Not Acceptable)
585 SHADOW WOOD LANE
83 **UNIT # 11**
84 City
TITUSVILLE FL 85 Zip Code
32780-3513

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:  **EDWIN ODISHO** DATE: **4/27/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ULINSKI, ANN	
STREET ADDRESS	585 SHADOW WOOD LANE, UNIT 4	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input checked="" 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 checked="" 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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWHRE, BETTY	
1.3 STREET ADDRESS	585 SHADOW WOOD LANE, UNIT # 1	
1.4 CITY-ST-ZIP	TITUSVILLE, FLORIDA 32780-3513	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ODISHO, EDWIN	
2.3 STREET ADDRESS	585 SHADOW WOOD LANE, UNIT # 11	
2.4 CITY-ST-ZIP	TITUSVILLE, FLORIDA 32780-3513	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FOSTER, BETTY	
4.3 STREET ADDRESS	585 SHADOW WOOD LANE, UNIT # 15	
4.4 CITY-ST-ZIP	TITUSVILLE, FLORIDA 32780-3513	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JERE BIRKENFELD** DATE: **APRIL 23, 1997** (407) 267-3179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0015110

CR2E037 (9/96)