

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
585 SHADOW WOOD LANE UNIT #1 TITUSVILLE FL 32780 US		585 SHADOW WOOD LANE UNIT #1 TITUSVILLE FL 32780 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	01/25/1988
4. FEI Number	59-2866928
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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ODISHO, EDWIN
585 SHADOW WOOD LANE
UNIT #11
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name	Kenneth J. Stara
82 Street Address (P.O. Box Number is Not Acceptable)	585 Shadow Wood Ln #14
83	
84 City	Titusville
85 Zip Code	FL 32780

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]* **EDWIN ODISHO PRESIDENT 4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	TD	<input checked="" type="checkbox"/>
NAME	LAWARRE, BETTY	
STREET ADDRESS	585 SHADOW WOOD LANE UNIT #1	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ODISHO, EDWIN	
STREET ADDRESS	585 SHADOW WOOD LANE UNIT 11	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/>
NAME	ULINSKI, RICHARD	
STREET ADDRESS	585 SHADOW WOOD LN, #04	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	FOSTER, BETTY	
STREET ADDRESS	585 SHADOW WOOD LANE UNIT #15	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	AD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Kenneth J. Stara		
1.3 STREET ADDRESS	585 Shadow Wood Lane 14		
1.4 CITY-ST-ZIP	Titusville, FL 32780		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ODISHO, Edwin		
2.3 STREET ADDRESS	585 Shadow Wood Unit 11		
2.4 CITY-ST-ZIP	Titusville, FL 32780		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Ulinski, Richard		
3.3 STREET ADDRESS	585 Shadow Wood Ln #14		
3.4 CITY-ST-ZIP	Titusville, FL 32780		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Ann Ulinski		
4.3 STREET ADDRESS	585 Shadow Wood Ln #04		
4.4 CITY-ST-ZIP	Titusville, FL 32780		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *[Signature]* 04-28-98

CR2E037 (10/97)