## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N24475** May 30, 2000 8:00 am 1. Entity Name **Secretary of State** SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC. 05-30-2000 90069 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 585 SHADOW WOOD LANE 585 SHADOW WOOD LANE UNIT #1 UNIT #1 **TITUSVILLE FL 32780-3513** TITUSVILLE FL 32780 US 3. Mailing Address 2. Principal Place of Business N GOON WICHKE Suite, Apt. #, etc. #15 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For TUSVIUG FL 32780 59-2868928 Not Applicable ETEVATED Zip Country 32780 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ODISHO, EDWIN 585 SHADOW WOOD LANE **UNIT #11** Zip Code TITUSVILLE FL 32780 8. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete ☐ Addition TITLE TITLE NAME STARR, KENNETH J NAME STREET ADDRESS STREET ADDRESS 585 SHADOW WOOD LN 14 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE-FL-32780 ☐ Addition ☐ Change TITLE TITLE PD ☐ Delete NAME NAME ODISHO, EDWIN STREET ADDRESS STREET ADDRESS 585 SHADOW WOOD LANE UNIT 11 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Addition TITLE TD. ☐ Delete TITLE Change NAME Tumbun, William NAME STREET ADDRESS STREET ADDRESS 585 SHADOW WOOD LN #15 CITY-ST-7IP CITY-ST-ZIP titusville fl 32780 Addition Change ☐ Delete TITLE TITLE RON KITCHENS 585 SHADON WOOD LN #13 NAME NAME STREET ADDRESS STREET ADDRESS 117 USVIUZ FL 32780 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SILON (407)