

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24475

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

325 INDIAN RIVER AVENUE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

325 INDIAN RIVER AVENUE  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

FEI Number: 59-2868928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUMBLIN, WILLIAM D  
325 INDIAN RIVER AVENUE  
TITUSVILLE, FL 32796 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STORRS, TIMOTHY M  
Address: 585 SHADOW WOOD LN # 3  
City-St-Zip: TITUSVILLE, FL 32780

Title: P ( ) Delete  
Name: KITCHEN, RON  
Address: 585 SHADOW WOOD LN. #13  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: LAWARRE, NED  
Address: 585 SHADOW WOOD LANE #1  
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete  
Name: POOVEY, JOHN  
Address: 585 SHADOW WOOD LANE #13  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY STORRS

D

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date