

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