


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90072 029 ****61.25

DOCUMENT # N24475

1. Entity Name
 SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 325 INDIAN RIVER AVENUE
 TITUSVILLE, FL 32796 US

Mailing Address
 325 INDIAN RIVER AVENUE
 TITUSVILLE, FL 32796 US

40099446



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2868928

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

7. Name and Address of Now Registered Agent

Name: Petey Davis
 Street Address (P.O. Box Number is Not Acceptable):
1980 N Atlantic Ave # 701
 City: Cocoa Beach FL Zip Code: 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Petey Davis Petey Davis DATE: 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STORRS, TIMOTHY M	
STREET ADDRESS	585 SHADOW WOOD LN # 3	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	P	<input type="checkbox"/> Delete
NAME	KITCHEN, RON	
STREET ADDRESS	585 SHADOW WOOD LN. #13	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWARRE, NED	
STREET ADDRESS	585 SHADOW WOOD LANE #1	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POOVEY, JOHN	
STREET ADDRESS	585 SHADOW WOOD LANE #13	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Avtz, Bill</u>	
STREET ADDRESS	<u>PO Box 28263</u>	
CITY-ST-ZIP	<u>Panama City Beach FL 32411</u>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>D.S.T</u>	
STREET ADDRESS	<u>Lawarre, Kim</u>	
CITY-ST-ZIP	<u>585 Shadow Wood Ln #1</u>	
	<u>Titusville FL 32780</u>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PD</u>	
STREET ADDRESS	<u>Robertson, Larry</u>	
CITY-ST-ZIP	<u>585 Shadow Wood Ln # 15</u>	
	<u>Titusville FL 32780</u>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>VPD</u>	
STREET ADDRESS	<u>Kitchen, Ron</u>	
CITY-ST-ZIP	<u>585 Shadow Wood Ln # 13</u>	
	<u>Titusville FL 32780</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PAID
 APR 24 2007
 BY: 1007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Petey Davis DATE: 4/30/07 DAYTIME PHONE #: 321-784-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR