


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N24475</b>					
1. Entity Name <b>SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US</b>			Mailing Address <b>325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2868928</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>5. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of Now Registered Agent</b>		
TUMBLIN, WILLIAM D 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796			Name <u>Petey Davis</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1980 N Atlantic Ave # 701</u>		
			City <u>Cocoa Beach</u> <b>FL</b> Zip Code <u>32931</u>		
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 <u>Petey Davis</u>		<u>Petey Davis</u>		DATE <u>4/30/07</u>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORRS, TIMOTHY M 585 SHADOW WOOD LN # 3 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Avtz, Bill PO Box 28263 Panama City Beach FL 32411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHEN, RON 585 SHADOW WOOD LN. #13 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S.T Lawarre, Kim 585 Shadow Wood Ln #1 Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWARRE, NED 585 SHADOW WOOD LANE #1 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robertson, Larry 585 Shadow Wood Ln # 15 Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POOVEY, JOHN 585 SHADOW WOOD LANE #13 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kitchen, Ron 585 Shadow Wood Ln # 13 Titusville FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Petey Davis</u>		<u>Petey Davis</u>		DATE <u>4/30/07</u> Daytime Phone # <u>321-784-2091</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40099446



**PAID**  
**APR 24 2007**  
**BY: 1007**