## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N24475				.	04-28-2008 90414 039 ****61.25	
1. Entity Name SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.					28-2006 90414 039	01.23
325 INDIAN RIVER AVENUE 325		Mailing Address 325 INDIAN RIVER AVENI TITUSVILLE, FL 32796	325 INDIAN RIVER AVENUE		BU 91811 1883) SHI BISIN SIBN DIĞIN BUĞU	ŘIŽII ŘIŽIII NA INGLIS
Principal Place of Business - No P.O. Box #     3. N		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Ch	g-NP CR2E037 (1	2/06)
City & State		City & State		4. FEI Number 59-286892		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Addr	ess of New Registered Agen	1
DAVIS, PETER PETEY			Name	Name		
1980 N. A	TLANTIC AVE #701 EACH, FL 32931		Street Address (		(P.O. Box Number is Not Acceptable)	
			City		FL	ip Code
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or re	egistered agent, or both, in t	he State of Florida. I am famili	ar with, and accept
SIGNATURE						
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature i	required when reinstating)	DATE	
SIGNATORIE	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be	Make check pay Florida Departmen	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check pay	nt of State
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check pay Florida Departmer	nt of State
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF D AVTZ, BILL	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check pay Florida Departmer	ORS IN 10
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  Pancalco	Make check pay Florida Department S TO OFFICERS AND DIRECT CHOCK	ORS IN 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  D  AVTZ, BILL  PO BOX 28263  PANAMA CITY, FL 32411  P	9. Election Camp Trust Fund Co	aign Financing ontribution.   11.  IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check pay Florida Department S TO OFFICERS AND DIRECT  C TO STORY  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY  Make check pay Florida Department  A C TO STORY	ORS IN 10
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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:

GNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR KITCHEN 4/24/08 (32)