

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 30, 2009
Secretary of State**

DOCUMENT# N24475

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:**585 SHADOW WOOD LANE
TITUSVILLE, FL 32780 US**Current Mailing Address:**325 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796 US**New Mailing Address:**585 SHADOW WOOD LANE #11
TITUSVILLE, FL 32780 US

FEI Number: 59-2868928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DAVIS, PETEY
1980 N. ATLANTIC AVE #701
COCOA BEACH, FL 32931 US**Name and Address of New Registered Agent:**BAKER, BETTY
585 SHADOW WOOD LANE #11
TITUSVILLE, FL 32780 US

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: BETTY BAKER

09/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: PANICROLEO, PETER
Address: 585 SHADOW WOOD LANE 14
City-St-Zip: TITUSVILLE, FL 32780Title: VD () Delete
Name: KITCHEN, RON
Address: 585 SHADOW WOOD LN. #13
City-St-Zip: TITUSVILLE, FL 32780Title: STD () Delete
Name: BAKER, BETTY
Address: 585 SHADOW WOOD LANE #11
City-St-Zip: TITUSVILLE, FL 32780**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: PANICZKO, PETER
Address: 585 SHADOW WOOD LANE 14
City-St-Zip: TITUSVILLE, FL 32780Title: D (X) Change () Addition
Name: MCCOTTER, RICK
Address: PO BOX 5729
City-St-Zip: TITUSVILLE, FL 32783Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY BAKER

STD

09/30/2009

Electronic Signature of Signing Officer or Director

Date