

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24475

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** SHADOW WOOD I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

585 SHADOW WOOD LANE  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

585 SHADOW WOOD LANE #11  
TITUSVILLE, FL 32780 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:**

BAKER, BETTY  
585 SHADOW WOOD LANE #11  
TITUSVILLE, FL 32780 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: P  
Name: PANICZKO, PETER  
Address: 585 SHADOW WOOD LANE 14  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: MCCOTTER, RICK  
Address: PO BOX 5729  
City-St-Zip: TITUSVILLE, FL 32783

Title: STD  
Name: BAKER, BETTY  
Address: 585 SHADOW WOOD LANE #11  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: RICK MCCOTTER

MR.

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date