

FILE NOW: FILING FEE IS \$61.25

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May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45426

1. Corporation Name

SHADOW GREEN I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

575 SHADOW WOOD LANE
 TITUSVILLE FL 32780
 US

Mailing Address

575 SHADOW WOOD LANE
 TITUSVILLE FL 32780
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2964946	
24 Country		29 Country		30 Country	
25		28		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

WILLIAM S. SHANNON
575 SHADOW WOOD LANE
#215
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name **Frances Buchanan-Shannon**
 82 Street Address (P.O. Box Number is Not Acceptable) **575 Shadow Wood Ln #215**
 83 **Titusville,**
 84 City **FL** 85 Zip Code **32780**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Frances Buchanan-Shannon

(NOTE: Registered Agent signature required when reinstating)

2/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Betty Concannon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON, WILLIAM	1.2 NAME	575 Shadow Wood Ln #215
STREET ADDRESS	575 SHADOW WOOD LANE #215	1.3 STREET ADDRESS	Titusville, Fla 32780
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KAHRMAN, CAROL	2.2 NAME	
STREET ADDRESS	575 SHADOW WOOD LANE #235	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Frances Buchanan-Shannon <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES BUCHANAN	3.2 NAME	PD PRES TREAS
STREET ADDRESS	575 SHADOW WOOD LANE #215	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances Buchanan-Shannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 407-267-755K

Date

Daytime Phone #

CR2E037 (11/98)