

2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90132-009-\$61.25-\$61.25

DOCUMENT # N45426

1. Entity Name

SHADOW GREEN I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

575 SHADOW WOOD LANE
TITUSVILLE FL 32780
US

575 SHADOW WOOD LANE
TITUSVILLE FL 32780-3500
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2964946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, SHANNON
575 SHADOW WOODS LN
#215
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CONCANON, BETTY
575 SHADOW WOOD LN #221
TITUSVILLE FL 32780

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
KAHRMAN, CAROL
575 SHADOW WOOD LANE #235
TITUSVILLE FL 32780

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FRANCES BUCHANAN Shannon
575 SHADOW WOOD LANE #215
TITUSVILLE FL 32780

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
MRS. ROBERT BROWNING
575 Shadow Wood Ln 0233
Titusville, Fla 32780

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRES
FRAN GEXRETT
575 Shadow Wood Ln 212
Titusville Fla 32780

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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: *Shannon Buchanan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000

407-267-7554

Date

Daytime Phone #

FILED

00 MAR 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SP