

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90299 028 ****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
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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BROWNING, ROBERT MRS**
CITY-ST-ZIP **575 SHADOW WOOD LN #233
TITUSVILLE FL 32780**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **GERRETT, FRAN**
CITY-ST-ZIP **575 SHADOW WOOD LANE #212
TITUSVILLE FL 32780**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SHANNON-BUCHANAN, FRANCES**
CITY-ST-ZIP **575 SHADOW WOOD LANE #215
TITUSVILLE FL 32780**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/17/02 321-267-2554

CR2E037 (9/01)

Attachment

969122

#N45426

Dear Sir

Please accept my
apology for sending
this late. I have
never been late before
but have had some
personal problems
and I have not kept
up with things as
I should have. I am sorry
it won't happen again &
Thank you

Erin Shepperson
Pres. Shadow Boat
Titusville, Fla
32780