


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90033 029 \*\*\*\*61.25

<b>DOCUMENT # N45426</b>					
1. Entity Name <b>SHADOW GREEN I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>575 SHADOW WOOD LANE TITUSVILLE, FL 32780 US</b>			Mailing Address <b>575 SHADOW WOOD LANE TITUSVILLE, FL 32780 US</b>		
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 <b>59-2964946</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUCHAMAN, SHANNON 575 SHADOW WOODS LN #215 TITUSVILLE, FL 32780</b>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	SD	<input type="checkbox"/> Delete			
NAME	MILLER, KATHERINE				
STREET ADDRESS	575 SHADOW WOOD LN #233				
CITY-ST-ZIP	TITUSVILLE, FL 32780				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	BAKER, KATHLEEN				
STREET ADDRESS	575 SHADOW WOODLN #225				
CITY-ST-ZIP	TITUSVILLE, FL 32780				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	SHANNON-BUCHANAN, FRANCES				
STREET ADDRESS	575 SHADOW WOOD LANE #215				
CITY-ST-ZIP	TITUSVILLE, FL 32780				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Frances Buchanan-Shannon Pres.</i> <b>7/23/06 321-267-7554</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>Frances Buchanan-Shannon</b>					