

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45426

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

575 SHADOW WOOD LANE  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

575 SHADOW WOOD LANE  
#215  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

575 SHADOW WOOD LANE  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

575 SHADOW WOOD LANE  
#215  
TITUSVILLE, FL 32780 US

**FEI Number:** 59-2964946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCHAMAN, SHANNON  
575 SHADOW WOODS LN  
#215  
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: SD  
Name: MILLER, KATHERINE  
Address: 575 SHADOW WOOD LN #233  
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD  
Name: BAKER, KATHLEEN  
Address: 575 SHADOW WOODLN #225  
City-St-Zip: TITUSVILLE, FL 32780

Title: PD  
Name: SHANNON-BUCHANAN, FRANCES  
Address: 575 SHADOW WOOD LANE #215  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: PAYZANT, ROY  
Address: 575 SHADOW WOOD LANE #211  
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: FRANCES SHANNON-BUCHANAN

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01/17/2010

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

\_\_\_\_\_  
Date