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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001774 (7)

1. Corporation Name

SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3113 NEW FOUND HBR. DR.
MERRITT ISL. FL 32952

Mailing Address

P.O. BOX 542229
MERRITT ISL. FL 32954-2229



3. Date Incorporated or Qualified
04/13/1995

3a. Date of Last Report
06/15/1996

2. Principal Place of Business

21 565 SHADOW WOOD LANE
Suite, Apt. #, etc.

22 City & State

23 TITUSVILLE, FL.
Zip Country

24 32780 25 US

2a. Mailing Address

26 565 SHADOW WOOD LANE
Suite, Apt. #, etc.

27 City & State

28 TITUSVILLE, FL.
Zip Country

29 32780 30 US

4. FEI Number
59-3102086

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, BARBARA
3113 NEW FOUND HBR. DR.
MERRITT ISL. FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDT ANDREWS, ARTHUR
565 SHADOW WOOD LN #325
TITUSVILLE FL 32780

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD SHOEMAKER, JOHN B
503 N. ORLANDO AVE.
COCOA BEACH FL 32932

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S CARROLL, ELIZBETH
565 SHADOW WOOD LN. #313
TITUSVILLE FL 32780

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD LONG, BARBARA
3113 NEW FOUND HBR. DR.
MERRITT ISL. FL 32952

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Signature of Registered Agent

4-25-97

CR2E037 (9/96)