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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001774**

1. Corporation Name
SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
565 SHADOW WOOD LANE TITUSVILLE FL 32780 US	565 SHADOW WOOD LANE TITUSVILLE F 32780 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/13/1995
Suite, Apt. #, etc. 22	*Suite, Apt. #, etc.* 27	4. FEI Number: 59-3102086 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing *Trust Fund Contribution* ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Fred N. Schnautz, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 565 Shadow Wood Lane #334
83 Titusville, Fl. 32780-3515
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: Fred N. Schnautz Jr. Financial Agent April 21, 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ANDREWS, A		1.2 NAME	Christensen, Gale R.	
STREET ADDRESS	565 SHADOWWOOD LN 3225		1.3 STREET ADDRESS	565 Shadow Wood Lane #333	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP	~~Titusville, Fl. 32780-3515~~	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	SHOEMAKER, JOHN B		2.2 NAME	Schnautz, Fred N.	
STREET ADDRESS	503 N. ORLANDO AVE.		2.3 STREET ADDRESS	565 Shadow Wood Lane #334	
CITY-ST-ZIP	COCOA BEACH FL 32932		2.4 CITY-ST-ZIP	Titusville, Fl. 32780-3515	
TITLE	S	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	CARROLL, ELIZBETH		3.2 NAME	Greenblum, Marianne	
STREET ADDRESS	565 SHADOW WOOD LN. #313		3.3 STREET ADDRESS	565 Shadow Wood Lane #335	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4 CITY-ST-ZIP	Titusville, Fl. 32780-3515	
TITLE	TD	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	LONG, BARBARA		4.2 NAME	Christensen, Terra J.	
STREET ADDRESS	3113 NEW FOUND HBR. DR.		4.3 STREET ADDRESS	565 Shadow Wood Lane #333	
CITY-ST-ZIP	MERRITT ISL. FL 32952		4.4 CITY-ST-ZIP	Titusville, Fl. 32780-3515	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Addition
NAME	OBRECHT,		5.2 NAME		
STREET ADDRESS	565 SHADOW WOOD LN 315		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	6.1 TITLE		☐ Addition
NAME	BERNIER, ROBERT		6.2 NAME		
STREET ADDRESS	565 SHADOW WOOD LN 331		6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Gale R. Christensen President 4-21-99 (407) 269-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)