

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001774

1. Entity Name

SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90001 004 ****61.25

Principal Place of Business 565 SHADOW WOOD LANE TITUSVILLE FL 32780 US	Mailing Address 565 SHADOW WOOD LANE TITUSVILLE F 32780-3500 US
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DO NOT WRITE IN THIS SPACE

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 59-3102086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAUTZ, FRED #
 565 SHADOW WOOD LANE #334
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME D ANDREWS, A STREET ADDRESS 565 SHADOWWOOD LN 3225 CITY-ST-ZIP TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME PD CHRISTENSEN, GALE R STREET ADDRESS 565 SHADOW WOOD LANE #333 CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME D SCHNAUTZ, FRED STREET ADDRESS 565 SHADOW WOOD LANE #334 CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME TD GREENBLUM, MARIANNE STREET ADDRESS 565 SHADOW WOOD LANE #335 CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME D OBRECHT, AL STREET ADDRESS 565 SHADOW WOOD LN 315 CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME SD CHRISTENSEN, TERRA J STREET ADDRESS 565 SHADOW WOOD LANE #333 CITY-ST-ZIP TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VD Debbie Edwards STREET ADDRESS 565 Shadow Wood Lane 314 CITY-ST-ZIP Titusville, Fl. 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Robert Bernier STREET ADDRESS 565 Shadow Wood Lane 331 CITY-ST-ZIP Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD Elizabeth Carroll STREET ADDRESS 565 Shadow Wood Lane 313 CITY-ST-ZIP Titusville, Fl. 32780	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D SCHNAUTZ, FRED STREET ADDRESS 565 SHADOW WOOD LANE 334 CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 4/16/00 269-1318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)