

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90055 020 ****61.25

DOCUMENT # N95000001774

1. Entity Name

SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

565 SHADOW WOOD LANE
TITUSVILLE FL 32780
US

Mailing Address

565 SHADOW WOOD LANE
TITUSVILLE F 32780
US

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

565 Shadow Wood Lane #314

City

Titusville

FL

Zip Code

32780

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 Debbie Edwards, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, DEBBIE	
STREET ADDRESS	565 SHADOW WOOD LN 314	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, GALE R	
STREET ADDRESS	565 SHADOW WOOD LANE #333	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHNAUTZ, FRED	
STREET ADDRESS	565 SHADOW WOOD LANE #334	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENBLUM, MARIANNE	
STREET ADDRESS	565 SHADOW WOOD LANE #335	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OBRECHT, AL	
STREET ADDRESS	565 SHADOW WOOD LN 315	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNIER, ROBERT	
STREET ADDRESS	565 SHADOW WOOD LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, ELIZABETH	
STREET ADDRESS	565 SHADOW WOOD LANE #312	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBRECHT, AL	
STREET ADDRESS	565 Shadow Wood LN 315	
CITY-ST-ZIP	TITUSVILLE FL 32780	
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 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: Marianne Greenblum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001

Date

(321) 269-7304

Daytime Phone #

CR2E037 (10/00)