

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 015 ****70.00

DOCUMENT # *N 95000001774*

1. Entity Name

*SHADOW GREEN II CONDOMINIUM
ASSOCIATION, INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

565 SHADOW WOOD LN

Suite, Apt. #, etc.

331

City & State

TITUSVILLE FL 32780

Zip

32780

Country

FLORIDA

3. Mailing Address

565 SHADOW WOOD LN

Suite, Apt. #, etc.

331

City & State

TITUSVILLE FL

Zip

32780

Country

FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3102086

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SANDRA M. BERNIER

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

565 SHADOW WOOD LN

331

City

TITUSVILLE

FL

Zip Code

32780

**DO NOT WRITE
IN THIS SPACE**

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

Sandra M. Bernier

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>P/D BERNIER SANDRA 565 SHADOW WOOD LN #331 TITUSVILLE FL 32780</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>ORRECHT AL V/D 565 SHADOW WOOD LN #315 TITUSVILLE FL 32780</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/D BERNIER ROBERT 565 SHADOW WOOD LN #331 TITUSVILLE FL 32780</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/D CHRISTENSEN GAYLE R 565 SHADOW WOOD LN #333 TITUSVILLE FL 32780</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/D SCHWARTZ FRED 565 SHADOW WOOD LN #331 TITUSVILLE FL 32780</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Sandra M. Bernier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

327-268-1843
Daytime Phone #

CR2E037B (12/01)