

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001774

FILED
Apr 29, 2005
Secretary of State

Entity Name: SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

565 SHADOW WOOD LANE
SUITE 331
TITUSVILLE, FL 32780 US

New Principal Place of Business:

325 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796 US

Current Mailing Address:

565 SHADOW WOOD LANE
SUITE 331
TITUSVILLE, FL 32780 US

New Mailing Address:

325 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796 US

FEI Number: 59-3102086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNIER, SANDRA M
565 SHADOW WOOD LANE
SUITE 331
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

TUMBLIN, WILLIAM D
325 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796 US

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: WILLIAM D TUMBLIN

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BERNIER, SANDRA
Address: 595 SHADOW WOOD LANE -SUITE 331
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: OBRECHT, AL
Address: 565 SHADOW WOOD LANE -SUITE 315
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: BLOSS, JUNE
Address: 565 SHADOW WOOD LANE -SUITE 325
City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete
Name: CHRISTENSEN, GAYLE R
Address: 565 SHADOW WOOD LANE -SUITE #333
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: CHRISTENSEN, TERRA J
Address: 565 SHADOW WOOD LANE - UNIT 333
City-St-Zip: TITUSVILLE, FL 32780 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE CHRISTENSEN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date