2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001774

FILED Apr 29, 2005 Secretary of State

Entity Name: SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Date Name and Address of New Registered Agent: Name and Address of New Registered Agent: 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 in the State of Florida. SIGNATURE: WILLIAM D TUMBLIN Date							
SUITE 331	Current Principal Place of Business:				New Principal Place of Business:		
Current Mailing Address: New Mailing Address: Session Sess							
566 SHADOW WOOD LANE SUITE 331 TITUSVILLE, FL 32780 US FEI Number: 59-3102086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Agent TUMBLIN, WILLIAM D 325 INDIAN RIVER AVENUE SUITE 331 TITUSVILLE, FL 32796 US TITUSVILLE, FL 32796 US TITUSVILLE, FL 32796 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: WILLIAM D TUMBLIN Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: TD () Delete Name: BERNIER, SANDRA Address: S95 SHADOW WOOD LANE -SUITE 331 City-St-Zip: TITUSVILLE, FL 32780 Title: D () Delete Name: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: PD () Delete 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: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: City-St-Zip: Title: Title: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Address: Add			US		TITUSVILLE, FL 32/	96 US	
SUITE 331 TITUSVILLE, FL 32780 US FEI Number: 59-3102086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent TUMBLIN WILLIAM D 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32780 US The above named entity submits this statement for the purpose of changing its registered office or registered as in the State of Florida. SIGNATURE: WILLIAM D TUMBLIN Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: TD () Delete Name: BERNIER, SANDRA Address: S65 SHADOW WOOD LANE -SUITE 331 Title: VD () Delete Name: OBRECHT, AL Name: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: D () Delete Name: Name: Address: City-St-Zip: TiTUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Name: CHRISTENSEN, GAYLE R Name: Address: City-St-Zip: Title: SD () Delete Title: Name: Address: City-St-Zip: Title: SD () Delete Title: Name: Address: City-St-Zip: Title: SD () Delete Title: Name: Address: City-St-Zip: Title: Name: CHRISTENSEN, GAYLE R Address: City-St-Zip: Title: SD () Delete Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip: Title: Name: Address: Addres	Current Mailing Address:				New Mailing Address:		
TITUSVILLE, FL 32780 US FEI Number: 59-3102086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I							
Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: TUMBLIN, WILLIAM D 525 INDIAN RIVER AVENUE TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: WILLIAM D TUMBLIN Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND ITIE: () Change () Addition Name: BERNIER, SANDRA Address: 595 SHADOW WOOD LANE -SUITE 331 City-St-Zip: TITUSVILLE, FL 32780 City-St			US		TITUSVILLE, FL 3279	96 US	
BERNIER, SANDRA M 325 INDIAN RIVER AVENUE 325 INDIAN RIVER AVENUE 325 INDIAN RIVER AVENUE 325 INDIAN RIVER AVENUE 32780 US	FEI Number:	: 59-3102086	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
565 SHADOW WOOD LANE SUITE 331 TITUSVILLE, FL 32780 US The above named entity submits this statement for the purpose of changing its registered office or registered at in the State of Florida. SIGNATURE: WILLIAM D TUMBLIN Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: TD () Delete BERNIER, SANDRA Address: 595 SHADOW WOOD LANE -SUITE 331 City-St-Zip: TITUSVILLE, FL 32780 Title: VD () Delete Title: () Change () Addition Name: OBRECHT, AL Address: 656 SHADOW WOOD LANE -SUITE 315 City-St-Zip: TITUSVILLE, FL 32780 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 565 SHADOW WOOD LANE -SUITE 325 City-St-Zip: TITUSVILLE, FL 32780 Title: D () Delete Title: () Change () Addition Name: Address: 565 SHADOW WOOD LANE -SUITE 325 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: () Change () Addition Name: CHRISTENSEN, GAYLE R Address: 565 SHADOW WOOD LANE -SUITE #333 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: () Change () Addition Name: CHRISTENSEN, TERR J NAME: CH	Name and	Address of C	urrent Registered Agent:		Name and Address	of New Registered Agent:	
in the State of Florida. SIGNATURE: WILLIAM D TUMBLIN	565 SHADOW WOOD LANE SUITE 331 TITUSVILLE, FL 32780 US				325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: TD () Delete Title: () Change () Addition Name: BERNIER, SANDRA Name: Address: 595 SHADOW WOOD LANE -SUITE 331 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: OBRECHT, AL Name: Address: 565 SHADOW WOOD LANE -SUITE 315 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 665 SHADOW WOOD LANE -SUITE 325 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: Address: 665 SHADOW WOOD LANE -SUITE 325 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CHRISTENSEN, GAYLE R Name: Address: 665 SHADOW WOOD LANE -SUITE #333 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CHRISTENSEN, TERRA J Name: CHRISTENSEN, TERRA J Name: CHRISTENSEN, TERRA J Name: CHRISTENSEN, TERRA J Address: 565 SHADOW WOOD LANE - UNIT 333 Address:			Submits this statement for the	purpose oi	changing its registere	ed office of registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN 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 Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 565 SHADOW WOOD LANE -SUITE 315 City-St-Zip: TITUSVILLE, FL 32780 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CHRISTENSEN, GAYLE R Address: 565 SHADOW WOOD LANE -SUITE #333 City-St-Zip: TITUSVILLE, FL 32780 City-St-	SIGNATURE: WILLIAM D TUMBLIN					04/29/2005	
Title: TD () Delete Title: () Change () Addition Name: BERNIER, SANDRA Name: S95 SHADOW WOOD LANE -SUITE 331 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VD () Delete Title: Name: Address: 565 SHADOW WOOD LANE -SUITE 315 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BLOSS, JUNE Name: Address: 565 SHADOW WOOD LANE -SUITE 325 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CHRISTENSEN, GAYLE R Name: Address: 565 SHADOW WOOD LANE -SUITE #333 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CHRISTENSEN, GAYLE R Name: Address: 565 SHADOW WOOD LANE -SUITE #333 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CHRISTENSEN, TERRA J Name: Address: 565 SHADOW WOOD LANE - UNIT 333 Address: 565 SHADOW WOOD LANE - UNIT 333 Address:		Electron	ic Signature of Registered Ag	ent		Date	
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	Name: Address:	CHRISTENSEN 565 SHADOW V	TERRA J VOOD LANE - UNIT 333		Name: Address:	() Change () Addition	

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