2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90071 012 ****61.25

DOCUMENT # N95000001774

1. Entity Name
SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US	325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 US

2. Principal Place of Business	3. Mailing Address
1061 Cheney Highway	1061 Cheney Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State: Titusville, FL
Zip: 32780-6356 Country: Brevard	Zip: 32780-6356 Country: Brevard

01142006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
TUMBLIN, WILLIAM D 325 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	Name: Conrad M Jones Jr. Street Address (P.O. Box Number is Not Acceptable): 1061 Cheney Highway City: Titusville FL Zip Code: 32780-6356

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Conrad M. Jones Jr. — 1-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	BERNIER, SANDRA		NAME		
STREET ADDRESS	595 SHADOW WOOD LANE -SUITE 331		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	OBRECHT, AL		NAME		
STREET ADDRESS	565 SHADOW WOOD LANE -SUITE 315		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	BLOSS, JUNE		NAME	Castro, Michael R	
STREET ADDRESS	565 SHADOW WOOD LANE -SUITE 325		STREET ADDRESS	565 Shadow Wood Lane Unit 322	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780-3515	
TITLE	PD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	CHRISTENSEN, GAYLE R		NAME	Greenblum, Marianne	
STREET ADDRESS	565 SHADOW WOOD LANE -SUITE #333		STREET ADDRESS	565 Shadow Wood Lane Unit 335	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780-3515	
TITLE	SD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CHRISTENSEN, TERRA J		NAME	Obrecht, Alton V	
STREET ADDRESS	565 SHADOW WOOD LANE - UNIT 333		STREET ADDRESS	17618 E. Kirkwood Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Clinton Township, MI 48038-1209	
TITLE		☐ Delete	TITLE	PD	☐ Change ☒ Addition
NAME			NAME	Higgs, Morton R	
STREET ADDRESS			STREET ADDRESS	565 Shadow Wood Lane Unit 317	
CITY-ST-ZIP			CITY-ST-ZIP	Titusville, FL 32780-3515	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Morton R. Higgs — X 01/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #