


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90037 020 \*\*\*\*61.25

<b>DOCUMENT # N95000001774</b> 1. Entity Name <b>SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1061 CHENEY HIGHWAY</b> <b>TITUSVILLE, FL 32780 US</b>			Mailing Address <b>Y1061 CHENEY HIGHWAY</b> <b>TITUSVILLE, FL 32780 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3102086</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JONES, CONRAD JR M</b> <b>1062 CHENEY HIGHWAY</b> <b>TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE <b>2/14/07</b>	
SIGNATURE <i>Marianne Greenblum</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete <b>BERNIER, SANDRA</b> <b>595 SHADOW WOOD LANE -SUITE 331</b> <b>TITUSVILLE, FL 32780</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>OBRECHT, AL</b> <b>565 SHADOW WOOD LANE -SUITE 315</b> <b>TITUSVILLE, FL 32780</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Delete <b>HIGGS, MORTON R</b> <b>565 SHADOW WOOD LANE UNIT 317</b> <b>TITUSVILLE, FL 32780</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>OBRECHT, ALTON V</b> <b>17618 E. KIRKWOOD DR.</b> <b>CLINTON TOWNSHIP, MI 48038</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete <b>GREENBLUM, MARIANNE</b> <b>565 SHADOW WOOD LANE - UNIT 333</b> <b>TITUSVILLE, FL 32780</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete <b>CASTRO, MICHAEL</b> <b>565 SHADOW WOOD LANE UNIT 322</b> <b>TITUSVILLE, FL 32780</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

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