

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90027 037 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N95000001774</b>					
<b>1. Entity Name</b> SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1061 CHENEY HIGHWAY TITUSVILLE, FL 32780 US			<b>Mailing Address</b> Y1061 CHENEY HIGHWAY TITUSVILLE, FL 32780 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3102086	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JONES, CONRAD JR M 1062 CHENEY HIGHWAY TITUSVILLE, FL 32780			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	TD <input checked="" type="checkbox"/> Delete BERNIER, SANDRA STREET ADDRESS 595 SHADOW WOOD LANE -SUITE 331 CITY-ST-ZIP TITUSVILLE, FL 32780				
TITLE	D <input type="checkbox"/> Delete OBRECHT, ALTON V STREET ADDRESS 17618 E. KIRKWOOD DR. CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038				
TITLE	PD <input type="checkbox"/> Delete GREENBLUM, MARIANNE STREET ADDRESS 565 SHADOW WOOD LANE - UNIT 333 CITY-ST-ZIP TITUSVILLE, FL 32780				
TITLE	VD <input type="checkbox"/> Delete CASTRO, MICHAEL STREET ADDRESS 565 SHADOW WOOD LANE UNIT 322 CITY-ST-ZIP TITUSVILLE, FL 32780				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STJ CROWLEY, JOHN STREET ADDRESS 565 SHADOW WOOD LANE UNIT 333 CITY-ST-ZIP TITUSVILLE, FL 32780				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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>					
<b>SIGNATURE:</b> <i>John Crowley</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

40025138



01302008 Chg-NP CR2E037 (12/06)

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25  
 Due by May 1, 2008**

**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**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD ☒ Delete  
 BERNIER, SANDRA  
 595 SHADOW WOOD LANE -SUITE 331  
 TITUSVILLE, FL 32780

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D ☐ Delete  
 OBRECHT, ALTON V  
 17618 E. KIRKWOOD DR.  
 CLINTON TOWNSHIP, MI 48038

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD ☐ Delete  
 GREENBLUM, MARIANNE  
 565 SHADOW WOOD LANE - UNIT 333  
 TITUSVILLE, FL 32780

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD ☐ Delete  
 CASTRO, MICHAEL  
 565 SHADOW WOOD LANE UNIT 322  
 TITUSVILLE, FL 32780

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition  
 STJ CROWLEY, JOHN  
 565 SHADOW WOOD LANE UNIT 333  
 TITUSVILLE, FL 32780

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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.**

**SIGNATURE:** *John Crowley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_