2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001774

FILED Mar 12, 2009 Secretary of State

Entity Name: SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1061 CHENEY HIGHWAY TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** Y1061 CHENEY HIGHWAY 1061 CHENEY HIGHWAY TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US FEI Number: 59-3102086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: JONES, CONRAD JR M DISALVO, PETER A 1062 CHENEY HIGHWAY 1062 CHÉNEY HIGHWAY TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 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: PETER A. DISALVO 03/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OBRECHT, ALTON V Name: Name: 17618 E. KIRKWOOD DR. Address: Address: City-St-Zip: CLINTON TOWNSHIP, MI 48038 City-St-Zip: Title: () Delete Title: (X) Change () Addition GREENBLUM, MARIANNE Name: Name: CROWLEY, JOHN Address: 565 SHADOW WOOD LANE - UNIT 333 Address: 565 SHADOWWOOD LANE UNIT #324 City-St-Zip: TITUSVILLE, FL 32780 US City-St-Zip: TITUSVILLE, FL 32780 Title: VD () Delete Title: () Change () Addition CASTRO, MICHAEL Name: Name: 565 SHADOW WOOD LANE UNIT 322 Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: STD (X) Delete Title: () Change () Addition CROWLEY, JOHN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JOHN CROWLEY STD 03/12/2009

565 SHADOWWOOD LANE UNIT #324

TITUSVILLE, FL 32780

Address:

City-St-Zip: