

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45426

**Entity Name:** SHADOW GREEN I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

575 SHADOW WOOD LANE  
#215  
TITUSVILLE, FL 32780

**Current Mailing Address:**

575 SHADOW WOOD LANE  
#215  
TITUSVILLE, FL 32780 US

**FEI Number:** 59-2964946

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHANNON-BUCHANAN, FRANCES  
575 SHADOW WOODS LN  
#215  
TITUSVILLE, FL 32780 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BAKER, KATHLEEN  
Address 575 SHADOW WOOD LN #225  
City-State-Zip: TITUSVILLE FL 32780

Title VP, DIRECTOR  
Name KERR, RICHARD  
Address 575 SHADOW WOOD LN APT 231  
City-State-Zip: TITUSVILLE FL 32780-3514

Title STD  
Name SHANNON-BUCHANAN, FRANCES  
Address 575 SHADOW WOODLN #215  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name SAMANI, MANSOUR  
Address 805 WILLIAMSBURG ROAD  
City-State-Zip: TITUSVILLE FL 32780

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEEN BAKER

**PRESIDENT**

**03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date