

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90067 027 \*\*\*\*61.25

**DOCUMENT # 770887**

1. Entity Name

**SHADOWBAY CLUB HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779	Mailing Address 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779-5042
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2396229</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**HART, JAMES W JR**  
**SENTRY MANAGEMENT INC**  
**2180 WEST STATE ROAD 434, SUITE 5000**  
**LONGWOOD FL 32779**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GRAY, GERALD		NAME		
STREET ADDRESS	2758 CATTAIL CT		STREET ADDRESS	LONGWOOD FL 32779	
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORT, MELISSA		NAME	FOLSE, HARVEY	
STREET ADDRESS	2740 NIGHTHAWK CT		STREET ADDRESS	2756 NIGHTHAWK CT	
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, KAREN		NAME	MILLER, ROBERT	
STREET ADDRESS	2724 NIGHTHAWK CT		STREET ADDRESS	2739 CATTAIL CT	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUTERBACH, CHRISTOPHER		NAME	KEALING, LAURIE	
STREET ADDRESS	2711 NIGHTHAWK CT		STREET ADDRESS	2753 NIGHTHAWK CT	
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGRANDE, JANE		NAME	MOONS, TERRENCE	
STREET ADDRESS	2742 CATTAIL CT.		STREET ADDRESS	2863 SPYGLASS COVE	
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Harvey Folse **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 2/8/2000 **DAYTIME PHONE #** 407-889-6673

CR2E037 (9/99)