

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754790 (4)

1. Corporation Name

SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% WILLIAM B. BRIGGLE
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714

% WILLIAM B. BRIGGLE
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1980** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-0214451** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**BRIGGLE, WILLIAM B.
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when restate) DATE

12. OFFICERS AND DIRECTORS

TITLE	CHIODO, BARBARA
NAME	212 SHADOWBAY BLVD., S. LONGWOOD FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	S
NAME	WORTHE, EVERETT
STREET ADDRESS	180 MONTEREY ISLE, S. LONGWOOD FL
CITY - ST - ZIP	
TITLE	P
NAME	SHUMAN, BILL
STREET ADDRESS	224 SHADOWBAY BLVD. LONGWOOD FL
CITY - ST - ZIP	
TITLE	D
NAME	SCHRAM, DAVID
STREET ADDRESS	184 MONTEREY ISLE, S. LONGWOOD FL
CITY - ST - ZIP	
TITLE	D
NAME	ALGERI, PAUL
STREET ADDRESS	190 MONTEREY ISLE, S. LONGWOOD FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Davis
2.3 STREET ADDRESS	218 Shadowbay Blvd Longwood, FL 32779
2.4 CITY - ST - ZIP	
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bill Shuman
3.3 STREET ADDRESS	224 Shadowbay Blvd Longwood, FL 32779
3.4 CITY - ST - ZIP	
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Zirkel
4.3 STREET ADDRESS	219 Montego Inlet Blvd Longwood, FL 32779
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/02/95 4/02-774-187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License #