

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754790 (4)

1. Corporation Name  
SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: % WILLIAM B. BRIGGLE, 498 ESTHER LANE, ALTAMONTE SPRINGS FL 32714  
Mailing Address: % WILLIAM B. BRIGGLE, 498 ESTHER LANE, ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 10/23/1980  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip (24-25) Country (25)  
29. Zip (29-30) Country (30)

4. FEI Number: 59-0214451  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: CHIODO, BARBARA STREET ADDRESS: 212 SHADOWBAY BLVD., S. CITY - ST - ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: DAVIS, JOHN STREET ADDRESS: 218 SHADOWBAY BLVD CITY - ST - ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: SHUMAN, BILL STREET ADDRESS: 224 SHADOWBAY BLVD CITY - ST - ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ZIRKEL, JIM STREET ADDRESS: 219 MONTEGO INLET BLVD CITY - ST - ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ALGERI, PAUL STREET ADDRESS: 190 MONTEREY ISLE, S. CITY - ST - ZIP: LONGWOOD FL	<input type="checkbox"/> DELETE
TITLE: D NAME: SCHRAM, DAVID STREET ADDRESS: 184 MONTEREY ISLE, S. CITY - ST - ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: S 1.2 NAME: Georgene Krummick 1.3 STREET ADDRESS: 248 Sadowbay Blvd. 1.4 CITY - ST - ZIP: Longwood, Fl. 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: Sacco, Joe 2.3 STREET ADDRESS: 219 Shadowbay Blvd. 2.4 CITY - ST - ZIP: Longwood, Fl. 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: T 3.2 NAME: Voss, Sharon 3.3 STREET ADDRESS: 223 Shadowbay Blvd. 3.4 CITY - ST - ZIP: Longwood, Fl. 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: D 4.2 NAME: Caston, Bryan 4.3 STREET ADDRESS: 245 Shadowbay Blvd. 4.4 CITY - ST - ZIP: Longwood, Fl. 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 4/25/96 Daytime Phone #: 407-682-9121

CR2E037 (12/95)