

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32714-3234
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3. Date Incorporated or Qualified 10/23/1980	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-0214451	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRUMMICK, GEORGENE		1.2 NAME Paul Algeri	
STREET ADDRESS 248 SJADOWBAY BLVD.		1.3 STREET ADDRESS 90 Monterey Isle	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SACCO, JOE		2.2 NAME Joyner, Dennis	
STREET ADDRESS 219 SHADOWBAY BLVD.		2.3 STREET ADDRESS 207 Shadowbay Blvd	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VOSS, SHARON		3.2 NAME Roberets, Barbara	
STREET ADDRESS 223 SHADOWBAY BLVD.		3.3 STREET ADDRESS 217 Shadowbay Blvd	
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASTON, BRYAN		4.2 NAME Dodge, Jill	
STREET ADDRESS 245 SHADOWBAY BLVD.		4.3 STREET ADDRESS 212 Shadowbay Blvd	
CITY-ST-ZIP LONGWOOD FL		4.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALGERI, PAUL		5.2 NAME Zullig, Greg	
STREET ADDRESS 190 MONTEREY ISLE, S.		5.3 STREET ADDRESS 182 Monterey Isle	
CITY-ST-ZIP LONGWOOD FL		5.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Conelley, Robert	
STREET ADDRESS		6.3 STREET ADDRESS 209 Shadowbay Blvd	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statute 617.0502. 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # 0013154