

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 754790 (4)**  
1. Corporation Name  
**SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% WILLIAM B. BRIGGLE<br/>498 ESTHER LANE<br/>ALTAMONTE SPRINGS FL 32714</b> | Mailing Address<br><b>% WILLIAM B. BRIGGLE<br/>498 ESTHER LANE<br/>ALTAMONTE SPRINGS FL 32714</b> |
|---|---|

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>10/23/1980</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 4. FEI Number<br><b>59-0214451</b>                     |   |  |

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

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input 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   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ALGERI, PAUL</b>                                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>190 MONGEREY ISLE</b>                            | 1.3 STREET ADDRESS                                    | <b>245 SHADOBAY BLVD</b>   |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 1.4 CITY-ST-ZIP                                       | <b>LONGWOOD FL 32720</b>   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JOYNER, DENNIS</b>                               | 2.2 NAME  |  |
| STREET ADDRESS             | <b>207 SHADOWBAY BLVD</b>                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ROBERTS, BARBARA</b>                             | 3.2 NAME  |  |
| STREET ADDRESS             | <b>217 SHADOWBAY BLVD</b>                           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DODGE, JILL</b>                                  | 4.2 NAME  |  |
| STREET ADDRESS             | <b>212 SHADOWBAY BLVD</b>                           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ZULLIG, GREG</b>                                 | 5.2 NAME  |  |
| STREET ADDRESS             | <b>182 MONTEREY ISLE</b>                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CONELLEY, ROBERT</b>                             | 6.2 NAME  |  |
| STREET ADDRESS             | <b>209 SHADOWBAY BLVD</b>                           | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                                  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **4/14/98** Daytime Phone #: **774-1894**

CR2E037 (10/97)