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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754790

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	26	10/23/1980
22	City & State	27	4. FEI Number
23	Zip	28	59-0214451
24	Country	29	Applied For
25		30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T CASTON, DRYAM	1.1 TITLE	D Krummick, Georgene
NAME	245 SHADOWBAY BLVD	1.2 NAME	248 SHadowbay Blvd.
STREET ADDRESS	LONGWOOD FL 32725	1.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP JOYNER, DENNIS	2.1 TITLE	D Herbig, Bernard
NAME	207 SHADOWBAY BLVD	2.2 NAME	200 Shadowbay BLvd.
STREET ADDRESS	LONGWOOD FL	2.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S / D ROBERTS, BARBARA	3.1 TITLE	
NAME	217 SHADOWBAY BLVD	3.2 NAME	
STREET ADDRESS	LONGWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T / D DODGE, JILL	4.1 TITLE	
NAME	212 SHADOWBAY BLVD	4.2 NAME	
STREET ADDRESS	LONGWOOD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ZULLIG, GREG	5.1 TITLE	D Bernstein, Gladys
NAME	182 MONTEREY ISLE	5.2 NAME	225 SHadowbay BLvd.
STREET ADDRESS	LONGWOOD FL	5.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CONELLEY, ROBERT	6.1 TITLE	D Voss, Sharon
NAME	209 SHADOWBAY BLVD	6.2 NAME	223 SHadowbay Blvd.
STREET ADDRESS	LONGWOOD FL	6.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: 4/30/99 DAYTIME PHONE #: 470 407 774-1874

CR2E037 (1/198)