

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754790

1. Entity Name

SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90100 027 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0214451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KRUMMICK, GEORGENE
STREET ADDRESS	248 SHADOWBAY BLVD
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HERBIG, BERNARD
STREET ADDRESS	200 SHADOWBAY BLVD.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	S <input type="checkbox"/> Delete
NAME	ROBERTS, BARBARA
STREET ADDRESS	217 SHADOWBAY BLVD
CITY-ST-ZIP	LONGWOOD FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	DODGE, JILL
STREET ADDRESS	212 SHADOWBAY BLVD
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, GLADYS
STREET ADDRESS	225 SHADOWBAY BLVD.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VOSS, SHARON
STREET ADDRESS	225 SHADOWBAY BLVD.
CITY-ST-ZIP	LONGWOOD FL 32779

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernstein, Gladys
STREET ADDRESS	225 Shadowbay Blvd. S.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krummick, Georgene
STREET ADDRESS	248 Shadowbay Blvd. S.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Voss Sharon
STREET ADDRESS	223 Shadowbay Blvd. S.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dodge Jill
STREET ADDRESS	212 Shadowbay Blvd. S.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4-10-00** **407-774-1874**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)