

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90018 013 \*\*\*\*61.25

**DOCUMENT # 754790**

1. Entity 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

021942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0214451**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **KRUMMICK, GEORGENE**  
 CITY-ST-ZIP **248 SHADOWBAY BLVD**  
**LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME **Vice President**  
 STREET ADDRESS **Jeff Evensen**  
 CITY-ST-ZIP **219 Monterey Isle N.**  
**Longwood, FL 32779**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **HERBIG, BERNARD**  
 CITY-ST-ZIP **200 SHADOWBAY BLVD.**  
**LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME **Secretary**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **ROBERTS, BARBARA**  
 CITY-ST-ZIP **217 SHADOWBAY BLVD**  
**LONGWOOD FL**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **dennis Sabia**  
 CITY-ST-ZIP **236 Shadowbay Blvd. S.**  
**Longwood, FL 32779**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **DODGE, JILL**  
 CITY-ST-ZIP **212 SHADOWBAY BLVD**  
**LONGWOOD FL**

TITLE  Change  Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Mark Adams**  
 CITY-ST-ZIP **218 Shadowbay, Blvd. S.**  
**Longwood, FL 32779**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BERNSTEIN, GLADYS**  
 CITY-ST-ZIP **225 SHADOWBAY BLVD.**  
**LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **VOSS, SHARON**  
 CITY-ST-ZIP **225 SHADOWBAY BLVD.**  
**LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **Jim Zirkel**  
 CITY-ST-ZIP **219 Montego Inlet Blvd.**  
**Longwood, FL 32779**

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 **President** 2/26/01 427-774-794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)