


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 050 ****61.25

DOCUMENT # 754790

1. Entity Name
SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**901 N LAKE DESTINY DRIVE
 STE 110
 MAITLAND, FL 32751**

Mailing Address
**901 N LAKE DESTINY DRIVE
 STE 110
 MAITLAND, FL 32751**

40102001



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08022006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
59-0214451

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEBB, ROBIN L
 901 N LAKE DESTINY DR
 STE 110
 MAITLAND, FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALGIERI, PAUL	
STREET ADDRESS	190 MONTEREY ISLE S	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLOODSWORTH, DENISE	
STREET ADDRESS	213 MONTEREY ISLE N	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	YANOVITCH, GEORGE	
STREET ADDRESS	224 SHADOWBAY BLVD S	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE	T	<input type="checkbox"/> Delete
NAME	ESPINOSA, FABIO	
STREET ADDRESS	231 SHADOWBAY BLVD	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWETTE, JEAN	
STREET ADDRESS	247 SHADOWBAY BLVD S	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMMING, LINDA	
STREET ADDRESS	207 SHADOWBAY BLVD S	
CITY - ST - ZIP	LONGWOOD, FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swette, Jean
STREET ADDRESS	247 shadowbay Blvd
CITY - ST - ZIP	Longwood FL 32779
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrison, Greg
STREET ADDRESS	200 shadowbay Blvd S
CITY - ST - ZIP	Longwood FL 32779
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bloodsworth, Sean
STREET ADDRESS	213 Monterey Isle N
CITY - ST - ZIP	Longwood FL 32779
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dalrymple, Rick
STREET ADDRESS	212 Monterey Isle N
CITY - ST - ZIP	Longwood FL 32779
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Espinosa, Fabio
STREET ADDRESS	231 shadowbay Blvd
CITY - ST - ZIP	Longwood FL 32779
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olsen, Trevor
STREET ADDRESS	206 Monterey Isle N
CITY - ST - ZIP	Longwood FL 32779

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR