


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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Swette, Jean 247 Shadowbay Blvd Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Morrison, Greg 200 Shadowbay Blvd S Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Bloodsworth, Sean 213 Monterey Isle N Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Dalrymple, Rick 212 Monterey Isle N Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Espinosa, Fabio 231 Shadowbay Blvd Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ⓟ Olsen, Trevor 206 Monterey Isle N Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____