


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90068 038 \*\*\*\*61.25

<b>DOCUMENT # 754790</b>			
1. Entity Name <b>SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <del>901 N LAKE DESTINY DRIVE</del> <del>STE 110</del> <del>MAITLAND, FL 32751</del>		Mailing Address <del>901 N LAKE DESTINY DRIVE</del> <del>STE 110</del> <del>MAITLAND, FL 32751</del>	
2. Principal Place of Business - No P.O. Box # <i>C/O HARA Management, Inc</i>		3. Mailing Address <i>C/O HARA Management, Inc</i>	
Suite, Apt. #, etc. <i>118 N. Wymore Rd</i>		Suite, Apt. #, etc. <i>118 N. Wymore Rd</i>	
City & State <i>Winter Park, FL</i>		City & State <i>Winter Park, FL</i>	
Zip <i>32789</i>	Country <i>ORANGE</i>	Zip <i>32789</i>	Country <i>ORANGE</i>
4. FEI Number <b>59-0214451</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEBB, ROBIN L</b> <del>901 N LAKE DESTINY DR</del> <del>STE 110</del> <del>MAITLAND, FL 32751</del>		7. Name and Address of New Registered Agent Name <i>Robert HARA</i> Street Address (P.O. Box Number is Not Acceptable) <i>C/O HARA Management, Inc</i> <i>118 N. Wymore Rd</i> City <i>Winter Park</i> FL Zip Code <i>32789</i>	
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 <i>[Signature]</i> <i>Robert Hara</i> DATE <i>2-22-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>SWETTE, JEAN</del> <i>FERI YANOVITCH</i> <input type="checkbox"/> Delete <del>247 SHADOWBAY BLVD</del> <del>LONGWOOD, FL 32779</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TERI YANOVITCH</i> <i>224 S. Shadowbay Blvd.</i> <i>LONGWOOD, FL 32779</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, GREG <input type="checkbox"/> Delete 200 SHADOWBAY BLVD SOUTH LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOODSWORTH, SEAN <input type="checkbox"/> Delete 213 MONTEREY ISLE NORTH LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALRYMPLE, RICK <input type="checkbox"/> Delete 212 MONTEREY ISLE NORTH LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPINOSA, FABIO <input type="checkbox"/> Delete 231 SHADOWBAY BLVD LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, TREVOR <input type="checkbox"/> Delete 206 MONTEREY ISLE NORTH LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>[Signature]</i>		Date <i>3/13/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40007987



02222007 Chg-NP CR2E037 (12/06)