


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 009 ****61.25

DOCUMENT # 754790 1. Entity Name SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O HANA MGMT, INC 118 N WYMORE RD. WINTER PARK, FL 32789		Mailing Address C/O HANA MGMT, INC 118 N WYMORE RD WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # C/O HARA Management, Inc		3. Mailing Address C/O HARA Management, Inc	
Suite, Apt. #, etc. 931 S. Semoran Blvd #214		Suite, Apt. #, etc. 931 S. Semoran Blvd #214	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792		Zip 32792	
Country US		Country US	
4. FEI Number 59-0214451		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA HARA, ROBERT C/O HANA MGMT, INC 118 N WYMORE RD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Robert HARA Street Address (P.O. Box Number is Not Acceptable) C/O HARA Management, Inc. 931 S. Semoran Blvd. #214 City Winter Park FL Zip Code 32792	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P YANOVITCH, TERI 224 S SHADOWBAY BLVD LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRISON, GREG 200 SHADOWBAY BLVD SOUTH LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOODSWORTH, SEAN 213 MONTEREY ISLE NORTH LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALRYMPLE, RICK 212 MONTEREY ISLE NORTH LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPINOSA, FABIO 231 SHADOWBAY BLVD LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, TREVOR 206 MONTEREY ISLE NORTH LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DALRYMPLE, RICK 212 MONTEREY ISLE NORTH LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ZIRKEL, JAMES 219 MONTEGO ISLET BAY LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D YANOVITCH, TERI 224 S. SHADOWBAY BLVD LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D VOSS, SHARON 195 S. MONTEREY ISLE BLVD LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOODSWORTH, DENISE 213 N. MONTEREY ISLE BLVD LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELILLO, JOANNE 218 N. MONTEREY ISLE BLVD LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" 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: <u>Gay Monahan</u> <u>4/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

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SHADOWBAY HOMEOWNER' ASSOCIATION, INC.
DOCUMENT # 754790

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11. ADDITIONAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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Greg Morrison
200 Shadowbay Blvd South
Longwood, FL. 32779