


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 Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US		3. Mailing Address C/O HARA Management, Inc Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US	
03072008 Chg-NP CR2E037 (12/06)		4. FEI Number 59-0214451	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME YANOVITCH, TERI STREET ADDRESS 224 S SHADOWBAY BLVD CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME DALRYMPLE, RICK STREET ADDRESS 212 MONTEREY ISLE NORTH CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE M NAME MORRISON, GREG STREET ADDRESS 200 SHADOWBAY BLVD SOUTH CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE VP/D NAME ZIRKEL, JAMES STREET ADDRESS 219 MONTEGO ISLET BAY CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BLOODSWORTH, SEAN STREET ADDRESS 213 MONTEREY ISLE NORTH CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE S/D NAME YANOVITCH, TERI STREET ADDRESS 224 S. SHADOWBAY BLVD CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DALRYMPLE, RICK STREET ADDRESS 212 MONTEREY ISLE NORTH CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE T/D NAME VOSS, SHARON STREET ADDRESS 195 S. MONTEREY ISLE BLVD CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME ESPINOSA, FABIO STREET ADDRESS 231 SHADOWBAY BLVD CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE D NAME BLOODSWORTH, DENISE STREET ADDRESS 213 N. MONTEREY ISLE BLVD CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME OLSEN, TREVOR STREET ADDRESS 206 MONTEREY ISLE NORTH CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE D NAME MELILLO, JOANNE STREET ADDRESS 218 N. MONTEREY ISLE BLVD CITY-ST-ZIP 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>Greg Morrison</u>		Date: <u>4/23/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 40100642

SHADOWBAY HOMEOWNER' ASSOCIATION, INC.
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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