

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754790

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792

**New Principal Place of Business:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792

**New Mailing Address:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

FEI Number: 59-0214451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARA MANAGEMENT, INC.  
931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ESPINOSA, FABIO  
Address: 231 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP/D  
Name: ZIRKEL, JAMES  
Address: 219 MONTEGO INLET BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: S/D  
Name: BRIGHT, BONNIE L  
Address: 233 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: T/D  
Name: VOSS, SHARON  
Address: 233 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D  
Name: BLOODSWORTH, DENISE  
Address: 213 N. MONTERERY ISLE BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D  
Name: YANOVITCH, TERI  
Address: 224 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FABIO ESPINOSA

PRES

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date