

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90973 010 ****61.25

DOCUMENT # 754790

1. Entity Name
SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**% WILLIAM B. BRIGGLE
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**% WILLIAM B. BRIGGLE
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0214451**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIGGLE, WILLIAM B.
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VP	ALGERI, PAUL		
	190 MONTEREY ISLE S		
	LONGWOOD FL 32779		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	EDELMAN, JOHN		
	177 SHADOWBAY BLVD S		
	LONGWOOD FL 32779		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	SABIA, DENNIS		
	236 SHADOWBAY BLVD. S.		
	LONGWOOD FL 32779		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	ADAMS, MARK		
	218 SHADOW BAY BLVD. S.		
	LONGWOOD FL 32779		
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	BERNSTEIN, GLADYS		
	225 SHADOWBAY BLVD.		
	LONGWOOD FL 32779		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ZIRKEL, JIM		
	219 MONTEG INLET BLVD.		
	LONGWOOD FL 32779		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			MORRISON, KATIE
			200 SHADOWBAY BLVD.
			LONGWOOD, FL 32779
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

2/19/03 *401*
777-817

CR2E037 (10/02)