

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767327

1. Entity Name

SHADOW BAY COMMUNITY ASSOCIATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90236 031 *****61.25

Principal Place of Business

MINETTA, GARAY
2307 WINDING RIDGE AVE N
KISSIMMEE FL 34741
US

Mailing Address

PO BOX 422270
KISSIMMEE FL 32742-2270
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2472184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINETTA, GARAY
2307 WINDING RIDGE AVE N.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARAY, MINETTA 2307 WINDING RIDGE AVE N KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOYES, KEVIN 2011 HOUNDO LAKE COURT KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWART, MIKE 2015 HOUNDS LAKE COURT KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELSTERMANN, CATHY 2412 WINDING RIDGE AVE. S. KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIACZUN, SCOTT 2342 HIDDEN LAKE ST KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SCOTT DIACZUN, SCOTT 2342 HIDDEN LAKE ST. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JACKOW, GEORGE 2339 HIDDEN LAKE ST. KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SCHWART, MICHAEL 2015 HOUNDS LAKE CT. KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT TONY DEBLASIO, TONY 2315 WINDSONG DR. KISSIMMEE FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: *SCOTT DIACZUN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (407)518-9129
Date Daytime Phone #

CR2E037 (10/00)