2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 767327

Entity Name: SHADOW BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2338 WINDSONG DRIVE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 422336
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-2472184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, STEVE
2338 WINDSONG DRIVE
KISSIMMEE, FL 34741 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: VP ( ) Delete
Name: VALVERDE, VICTOR
Address: 2347 PEPPERCORN STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: TR ( ) Delete
Name: SANCHEZ, STEVE
Address: 2338 WINDSONG DR.
City-St-Zip: KISSIMMEE, FL 34741

Title: DR ( ) Delete
Name: EMEDE, KEN
Address: 2608 WINDING RIDGE AVE. S
City-St-Zip: KISSIMMEE, FL 34741

Title: PD ( ) Delete
Name: CAMPBELL, ROY
Address: 2315 N WINDING RIDGE AVE S
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR ( ) Change (X) Addition
Name: SIMON, JUSTIN
Address: 2308 WINDING RIDGE AVENUE SOUTH
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE SANCHEZ TR 03/29/2009
Electronic Signature of Signing Officer or Director Date