

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770887

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** SHADOWBAY CLUB HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2396229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779 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: STD ( ) Delete  
Name: GINDI, JEFFREY  
Address: 2717 CATTAIL CT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SHAW, WINSTON  
Address: 2746 CATTAIL CT  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: RATHBUN, SANDRA  
Address: 2807 SPYGLASS COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: HEISEKE, FREDRICK  
Address: 2868 SPYGLASS COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Delete  
Name: DAVILA, REY  
Address: 313 SHADOWBAY BLVD N  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: LINK, JAMES  
Address: 2730 CATTAIL CT  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA RATHBUN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date