2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 770887

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: VPD ( ) Delete
Name: LINK, JAMES
Address: 2730 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: WILSON, LORI
Address: 2707 NIGHTHAWK CT
City-St-Zip: LONGWOOD, FL 32779

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: SANDRA RATHBUN PD 04/23/2008
Electronic Signature of Signing Officer or Director — Date