

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90082 001 ****61.25

637300



DO NOT WRITE IN THIS SPACE

DOCUMENT # N12024

1. Entity Name

THE VILLAS AT SHADOW BAY CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

190 N. WESTMONTE DR
 STE 100
 ALTAMONTE SPRINGS FL 32714
 US

190 N. WESTMONTE DR
 STE 100
 ALTAMONTE SPRINGS FL 32714-3342
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2801651

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

CAMPBELL, MARILYN C
190 N. WESTMONTE DR.
STE 100
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCUNGIO, JOHN	
STREET ADDRESS	395 ADMIRAL ST.	
CITY-ST-ZIP	PROVIDENCE, RI.	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSADO, DIANA	
STREET ADDRESS	2902 FOX SQUIRREL DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEKOW, GARY	
STREET ADDRESS	74 HINCKLEY STREET	
CITY-ST-ZIP	SOMERVILLE FL 02145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROSILOW, STANTON	
STREET ADDRESS	2807 FOX SQUIRREL DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERDEROSA, MARY	
STREET ADDRESS	3130 RIO GRANDE TR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAIN, RON	
STREET ADDRESS	11831 RIAN TREE COURT	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD SAMMONS	
STREET ADDRESS	400 TAGHKANIC RD	
CITY-ST-ZIP	ELIZABETVILLE NY 12523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 **407-862-2250**
 Date Daytime Phone #

CR2E037 (9/99)