

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N12024

1. Entity Name

THE VILLAS AT SHADOW BAY CONDOMINIUM ASSOCIATION

Principal Place of Business 190 N. WESTMONTE DR STE 100 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 190 N. WESTMONTE DR STE 100 ALTAMONTE SPRINGS FL 32714-3342 US
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637300



DO NOT WRITE IN THIS SPACE

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 59-2801651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAMPBELL, MARILYN C
190 N. WESTMONTE DR.
STE 100
ALTAMONTE SPRINGS FL 32714

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D NAME RONALD SAMMONS STREET ADDRESS 406 TAGHKANIC RD CITY-ST-ZIP ELIZABETVILLE NY 12523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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 #