

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90007 042 \*\*\*\*61.25

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<b>DOCUMENT # N12024</b> 1. Entity Name <b>THE VILLAS AT SHADOW BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ATTWOOD-PHILLIPS INC          1350 ORANGE AVENUE SUITE 100          WINTER PARK, FL 32789-4932 US</b>			Mailing Address <b>C/O ATTWOOD-PHILLIPS INC          1350 ORANGE AVENUE SUITE 100          WINTER PARK, FL 32789-4932 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2818 RIO GRANDE</b>		3. Mailing Address <b>PO BOX 772343</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>KISSIMMEE, FL</b>		City & State <b>ORLANDO</b>		4. FEI Number <b>59-2801651</b>	
Zip <b>34741</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34741</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEAN &amp; MALCHOW, PA          646 EAST COLONIAL DR          ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, W.E. 2822 RIO GRANDE TRL KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMPONIO, HENRY 2802 RIO GRANDE TRL KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, FRED 2831 RIO GRANDE TRL KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, NELSON 2810 FOX SQUIRREL DR KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURTADO, ROSEANGELA 2818 FOX SQUIRREL DR KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Frederick Lewis</i> <b>4/18/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # - -					