2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N12024

Entity Name: THE VILLAS AT SHADOW BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2822 RIO GRANDE TRAIL
KISSIMMEE, FL 34741 US

New Principal Place of Business:

1101 MIRANDA LANE
SUITE #131
KISSIMMEE, FL 34741 US

Current Mailing Address:

2822 RIO GRANDE TRAIL
KISSIMMEE, FL 34741 US

New Mailing Address:

1101 MIRANDA LANE
SUITE #131
KISSIMMEE, FL 34741 US

FEI Number: 59-2801651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SICKLES, ROBERT E P.A.
100 NORTH TAMPA ST
STE 3500
TAMPA, FL 33602 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: S ( ) Delete
Name: LEWIS, FRED
Address: 2831 RIO GRANDE TRL
City-St-Zip: KISSIMMEE, FL 34741

Title: PD ( ) Delete
Name: LEWIS, NELSON
Address: 2810 FOX SQUIRREL DR
City-St-Zip: KISSIMMEE, FL 34741

Title: TD ( ) Delete
Name: FURTADO, ROSEANGELA
Address: 2818 FOX SQUIRREL DR
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: LEWIS, FRED
Address: 2831 RIO GRANDE TRL
City-St-Zip: KISSIMMEE, FL 34741

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

Title: D (X) Change ( ) Addition
Name: FURTADO, ROSEANGELA
Address: 2818 FOX SQUIRREL DR
City-St-Zip: KISSIMMEE, FL 34741

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: WILLIAM C. WEBB LCAM 04/23/2009

Electronic Signature of Signing Officer or Director Date