2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754790

Entity Name: SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

931 S. SEMORAN BLVD. SUITE # 214 WINTER PARK, FL 32792

Current Mailing Address:

931 S. SEMORAN BLVD. SUITE # 214 WINTER PARK, FL 32792 US

FEI Number: 59-0214451

Name and Address of Current Registered Agent:

HARA MANAGEMENT, INC. 931 S. SEMORAN BLVD. SUITE # 214 WINTER PARK, FL 32792 US

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

Officer/Director Detail :

Title	P/D	Title	VP/D
Name	ESPINOSA, FABIO	Name	NIELSEN, CHRIS
Address	931 S. SEMORAN BLVD SUITE 214	Address	931 S. SEMORAN BLVD SUITE 214
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792
Title	S/D	Title	T/D
Name	SABIA, PAMELA M	Name	PUGHE, DEBBIE
Address	931 S. SEMORAN BLVD SUITE 214	Address	931 S. SEMORAN BLVD SUITE 214
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792
Title	DIRECTOR	Title	D
Title Name	DIRECTOR SASO, CHRISTINE	Title Name	D KRUMMICK, GEORGENE
Name	SASO, CHRISTINE	Name	KRUMMICK, GEORGENE 931 S. SEMORAN BLVD SUITE 214
Name Address City-State-Zip:	SASO, CHRISTINE 931 S. SEMORAN BLVD SUITE 214. WINTER PARK FL 32792	Name Address	KRUMMICK, GEORGENE 931 S. SEMORAN BLVD SUITE 214
Name Address City-State-Zip: Title	SASO, CHRISTINE 931 S. SEMORAN BLVD SUITE 214. WINTER PARK FL 32792 DIRECTOR	Name Address	KRUMMICK, GEORGENE 931 S. SEMORAN BLVD SUITE 214
Name Address City-State-Zip: Title Name	SASO, CHRISTINE 931 S. SEMORAN BLVD SUITE 214. WINTER PARK FL 32792 DIRECTOR HUBBELL, JONATHAN	Name Address	KRUMMICK, GEORGENE 931 S. SEMORAN BLVD SUITE 214
Name Address City-State-Zip: Title	SASO, CHRISTINE 931 S. SEMORAN BLVD SUITE 214. WINTER PARK FL 32792 DIRECTOR HUBBELL, JONATHAN 931 S. SEMORAN BLVD- STE 214	Name Address	KRUMMICK, GEORGENE 931 S. SEMORAN BLVD SUITE 214

I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: FABIO ESPINOSA

Electronic Signature of Signing Officer/Director Detail

FILED Apr 25, 2014 Secretary of State CC6894516720

Certificate of Status Desired: No

Date