

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754790

**Entity Name:** SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC5514136664**

**Current Principal Place of Business:**

760 FLORIDA CENTRAL PKWY  
SUITE # 200  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HARA COMMUNITY 1ST ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE # 200  
LONGWOOD, FL 32750 US

**FEI Number: 59-0214451**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY  
SUITE # 200  
LONGWOOD, FL 32750 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: RICHARD N. MICHAUD**

**04/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SABIA, PAMELA M  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name PUGHE, DEBORAH L  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name KRUMMICK, GEORGENE  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name RAYLOTS, JOETTA L  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name JIM , ZIRKEL  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name BACARDI, JOES E  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name KELLEY, YONNA  
Address C/O HARA COMMUNITY 1ST  
ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE  
# 200  
City-State-Zip: LONGWOOD FL 32750

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  
SIGNATURE: JOETTA L. RAYLOIS PRESIDENT 04/17/2018  
the hand of the officer, director, or 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.

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Electronic Signature of Signing Officer/Director Detail

Date