

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745995** (1)
1. Corporation Name
NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6313 NEWTOWN CIRCLE, 552 MAIN ST, TAMPA FL 33615, US**
Mailing Address: **C/O RAMPART PROPERTIES, INC, 10033 9TH ST N 2ND FL, ST PETERSBURG FL 33716, US**

3. Date Incorporated or Qualified: **02/19/1979**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-1975321**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PATRICIA LERNER, ESQUIRE, 606 MADISON ST. SUITE 2001, TAMPA FL 33602**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T	HECKMAN, DOROTHY 6336 NEWTON CIRCLE, A-4 TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	DOBBIE, JEANNE 6336 NEWTOWN CIR A-5 TAMPA, FL 3	1.2 NAME	
TITLE: VPD	GLANDER, BEN 6323 NEWTOWN CIRCLE, A-1 TAMPA, FL 3	1.3 STREET ADDRESS	
TITLE: D	GUY, MARY 6311 NEWTOWN CIR #B6 TAMPA, FL 3	1.4 CITY-ST-ZIP	
TITLE: D	LEMEN, KEVIN 6305 NEWTOWN CIR B-4 TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS	RUDOLPH, CANDY 6314 NEWTOWN CIR. A-3 TAMPA, FL 3	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	VP Betty Rieker
		3.3 STREET ADDRESS	6311-B4 Newtown Circle
		3.4 CITY-ST-ZIP	TAMPA, FL 33615-3608
		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	D. Lou Nyary
		4.3 STREET ADDRESS	6321-B5 Newtown Circle
		4.4 CITY-ST-ZIP	TAMPA, FL
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Rieker V.P.* APRIL 2, 1996 813 855-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)