2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001270

FILED Jul 08, 2005 Secretary of State

Entity Name: NORTH BAYHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
), ESQ. E DRIVE, 7TH FLOOR			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
), ESQ. E DRIVE, 7TH FLOOR			
	65-1107555	FEI Number Applied For() 5(2)(b), F.S., the corporation did no	FEI Number Not Applicable ()	Certificate of Status Desired ()	
		urrent Registered Agent:	•	of New Registered Agent:	
CORPCO, 2966 SOU MIAMI, FL	TH BAYSHORE	E DRIVE 7TH FLOOR			
The above in the State		ubmits this statement for the r	surpose of changing its register		
	oi Fiorida.	abilities and statement for the p	dipose of changing its register	ed office or registered agent, or both,	
SIGNATUF			outpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:	ic Signature of Registered Age		ed office or registered agent, or both, Date	
	RE:	ic Signature of Registered Age	ent		
	RE: Electroni	ic Signature of Registered Age	ent	Date	
OFFICER: Title: Name: Address:	Electronics AND DIRECT PD () SALVAT, JUAN 3695 N BAY HO MIAMI, FL	ic Signature of Registered Age FORS: Delete MES Delete ENRY	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS:	
OFFICER: Title: vame: Address: City-St-Zip: Title: vame: Address:	Electronic	ic Signature of Registered Age FORS: Delete MES Delete ENRY MES Delete DA	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA SQUITERO STD 07/08/2005