

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001270

FILED  
Mar 09, 2006  
Secretary of State

**Entity Name:** NORTH BAYHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JOHN R. SQUITERO, ESQ.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN R. SQUITERO, ESQ.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 65-1107555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPCO, INC.  
2966 SOUTH BAYSHORE DRIVE 7TH FLOOR  
MIAMI, FL 33133 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: PD ( ) Delete  
Name: SALVAT, JUAN  
Address: 3695 N BAY HOMES  
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete  
Name: ALEXANDER, HENRY  
Address: 3546 N BAY HOMES  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: SQUITERO, LINDA  
Address: 3605 N BAY HOMES  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA SQUITERO

ST

03/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date