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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02727 (8)

1. Corporation Name
NORTH BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

3. Date Incorporated or Qualified 04/25/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2884014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HART, JAMES W. J
SENTRY MANAGEMENT INC
2180 WEST SR 434, STE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	KELLER, KATHLEEN	
STREET ADDRESS	124 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROOSKEN, SHIRLEY	
STREET ADDRESS	9163 NORTH BAY BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELGAR, SHNEUR	
STREET ADDRESS	124 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SNYDER, TEDD	
2.3 STREET ADDRESS	9112 IVEY HILL CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32819	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAYWOOD, LESLIE	
3.3 STREET ADDRESS	9115 NORTH BAY BLVD	
3.4 CITY-ST-ZIP	ORLANDO FL 32819	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **12/25/07**

CR2E037 (9/96)