

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02727

1. Entity Name

NORTH BAY COMMUNITY ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90067 036 ****61.25

Principal Place of Business

Mailing Address

~~2180 WEST SR 434~~

~~2180 WEST SR 434~~

~~STE 5000~~

~~STE 5000~~

~~LONGWOOD FL 32779~~

~~LONGWOOD FL 32779~~

US

US

2. Principal Place of Business

1350 ORANGE AVE

3. Mailing Address

PO BOX 1208

Suite, Apt. #, etc.

STE 100

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-2884014

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32790-1208

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROGER V. PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)

ATTWOOD-PHILLIPS INC.

1350 ORANGE AVE STE 100

City

WINTER PARK

FL

Zip Code 32789

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~VD~~
KELLER, KATHLEEN
124 E COLONIAL DR
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
*
**REMOVED PURSUANT TO 119.07, F.S.
*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
KELLY, ZOIE
9155 GALLEON CT
ORLANDO FL 32819

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

S/T/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D
SALVADOR, DOUGLAS
9138 GALLEON CT
ORLANDO FL 32819

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V/D
WINDER, WILLIAM
5323 BAY SIDE DR
ORLANDO FL 32819

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/00

407-876-2040