

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90051 007 ****61.25

DOCUMENT # N02727

1. Entity Name

NORTH BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1350 ORANGE AVE
 STE 100
 WINTER PARK FL 32789
 US

PO BOX 1208
 WINTER PARK FL 32790-1208
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2884014

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, ROGER V
 ATTWOOD-PHILLIPS INC
 1350 ORANGE AVE STE 100
 WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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: **STD** Delete
 NAME: **KELLER, KATHLEEN**
 STREET ADDRESS: **124 E COLONIAL DR**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: **STD** Change Addition
 NAME: **WEST, MARK**
 STREET ADDRESS: **9126 GALLEON CT**
 CITY-ST-ZIP: **ORLANDO FL 32819**

TITLE: **VD** Delete
 NAME: **SALVADOR, DOUGLAS**
 STREET ADDRESS: **9138 GALLEON CT**
 CITY-ST-ZIP: **ORLANDO FL 32819**

TITLE: **PD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Delete
 NAME: **WINDER, WILLIAM**
 STREET ADDRESS: **5323 BAY SIDE DR**
 CITY-ST-ZIP: **ORLANDO FL 32819**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 #

3/27/01 407.644.4500

CR2E037 (10/00)