

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02727

FILED
Mar 03, 2005
Secretary of State

Entity Name: NORTH BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2884014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327785044 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: STD () Delete
Name: COOK, JOHN
Address: 9115 GALLEON DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: PD () Delete
Name: BAKER, BILL
Address: 5416 BAY SIDE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: SNYDER, TEDD
Address: 9112 IVEY HILL COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALVADOR, SALLY
Address: 9138 GALLEON CT
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change () Addition
Name: HEREDIA, JOSE R
Address: 9130 BAY SIDE CT
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change () Addition
Name: PANDYA, OM
Address: 5359 BROOKLINE DR
City-St-Zip: ORLANDO, FL 32819

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: SALLY SALVADOR

PD

03/03/2005

Electronic Signature of Signing Officer or Director

_____ Date