

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2007  
Secretary of State**

DOCUMENT# N02727

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: PD ( ) Delete  
Name: SIBIGA, CHAR  
Address: 9109 NORTH BAY BLVD  
City-St-Zip: ORLANDO, FL 32819

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

Title: STD ( ) Delete  
Name: FEIT, PATRICIA  
Address: 9100 BAYWARD CT  
City-St-Zip: ORLANDO, FL 32819

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

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

Title: VPD (X) Change ( ) Addition  
Name: SABIN, BOB  
Address: 9102 NORTH BAY BLVD  
City-St-Zip: ORLANDO, FL 32819

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: CHAR SIBIGA

PD

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date