

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 029 ****61.25

0012678

DOCUMENT # N02727

1. Entity Name

NORTH BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**1350 ORANGE AVE
STE 100
WINTER PARK FL 32789
US**

Mailing Address

**1350 ORANGE AVE
STE 100
WINTER PARK FL 32789
US**

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number **59-2884014**

Applied For

Not Applicable

32779-5044

Country

US

32779-5044

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PI JAMES W. HART JR
A SENTRY MANAGEMENT INC
13 2180 W SR 434 STE 5000
W LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **WEST, MARK**
STREET ADDRESS **9126 GALLEON COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **TD/SD** ☒ Change ☐ Addition
NAME **COOK, JOHN**
STREET ADDRESS **9115 GALLEON DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **BAKER, BILL**
STREET ADDRESS **5416 BAY SIDE DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

TITLE **SD** ☒ Delete
NAME **KELLY, MARK**
STREET ADDRESS **9155 GALLEON CT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VPD** ☒ Change ☐ Addition
NAME **SNYDER, TEDD**
STREET ADDRESS **9112 IVEY HILL COURT**
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 of Cook

4/23/03

407-788-6700

CR2E037 (10/02)