


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 018 \*\*\*\*70.00

**DOCUMENT # N03000004677**

1. Entity Name  
**SOUTH BAY LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**9085 SOUTH BAY DRIVE  
 HAINES CITY, FL 33844**

Mailing Address  
**9085 SOUTH BAY DRIVE  
 HAINES CITY, FL 33844**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>42-1590287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**IRWIN, WILLIAM S  
 9085 SOUTH BAY DRIVE  
 HAINES CITY, FL 33844**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRWIN, WILLIAM S 9085 SOUTH BAY DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>HUDSON, DENNISE</del> <b>PAUL TERRY</b> <del>0000 SOUTH BAY DRIVE</del> <b>9010 SOUTH BAY DRIVE</b> HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD, ROSETTA 9055 SOUTH BAY DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>MCCANES, CHRONDA</del> <b>RUTH A. IRWIN</b> <del>0000 SOUTH BAY DRIVE</del> <b>9085 S. BAY DRIVE</b> HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William S. Irwin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/6/06*  
 Date

*863-422-4393*  
 Daytime Phone #