

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# N03000004677

Entity Name: SOUTH BAY LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9085 SOUTH BAY DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

9085 SOUTH BAY DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 42-1590287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRWIN, WILLIAM S
9085 SOUTH BAY DRIVE
HAINES CITY, FL 33844 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: IRWIN, WILLIAM S
Address: 9085 SOUTH BAY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VD () Delete
Name: TERRY, PAUL
Address: 9010 SOUTH BAY DR
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: RICHARD, ROSETTA
Address: 9055 SOUTH BAY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: IRWIN, RUTH A
Address: 9085 S BAY DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM S. IRWIN

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date