


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90579 022 \*\*\*\*61.25

**DOCUMENT # N03000008722**

1. Entity Name  
**COUNTRY CLUB AT EAST BAY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6301 SHORELINE DRIVE  
 ST. PETERSBURG, FL 33708**

Mailing Address  
**6301 SHORELINE DRIVE  
 ST. PETERSBURG, FL 33708**

**20037029**



2. Principal Place of Business  
 Suite/Apt./#., etc.

3. Mailing Address  
 Suite, Apt. #., etc.

03232005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**52-2401962**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**HALL, MELINDA  
 6301 SHORELINE DRIVE  
 ST. PETERSBURG, FL 33708**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Melinda Hall*  
Signature, typed or printed name of registered agent and title if applicable... (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HALL, MELINDA	6301 SHORELINE DRIVE	ST. PETERSBURG, FL 33708	<input type="checkbox"/>
VD	HALL, SAM N	6301 SHORELINE DRIVE	ST. PETERSBURG, FL 33708	<input type="checkbox"/>
STD	HALL, TERRI	6301 SHORELINE DRIVE	ST. PETERSBURG, FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/05** **727-586-3292**  
Date Daytime Phone #