

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90058 026 \*\*\*\*\*70.00

**DOCUMENT # 741938**

1. Entity Name  
**NORTH BAY HILLS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
P O BOX 363  
SAFETY HARBOR, FL 34695 US

Mailing Address  
P O BOX 363  
SAFETY HARBOR, FL 34695 US

40020351



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2550912

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKS, PAUL E  
30 CRANE DR  
SAFETY HARBOR, FL 34695

Name MUNGALL, DAVID A TD

Street Address (P.O. Box Number is Not Acceptable)

3116 BLUE HERON ST

City SAFETY HARBOR

FL

Zip Code 34695

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 *David A. Mungall*  
Signature, typed or printed name of registered agent and not acceptable.

DAVID A. MUNGALL, TREASURER

FEBRUARY 15, 2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 PD ☒ Delete  
NAME BUTCHER, WALTER R  
STREET ADDRESS 33 CRANE CT.  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE PD ☐ Change ☒ Addition  
NAME WENRICK, JOHN C  
STREET ADDRESS 4129 MALLARD DR  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VPD ☒ Delete  
NAME USHER, HARRY M  
STREET ADDRESS 3117 TEAL TERR.  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VPD ☐ Change ☒ Addition  
NAME FAVIRE, CHRISTOPHER S JR  
STREET ADDRESS 3100 SANDPIPER LN  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE TD ☒ Delete  
NAME BURKS, PAUL E  
STREET ADDRESS 30 CRANE DR  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VPD ☐ Change ☒ Addition  
NAME MANNIX, BARBARA W  
STREET ADDRESS 71 TURNSTONE DR  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE SD ☒ Delete  
NAME HAPER, MATTHEW  
STREET ADDRESS 2092 SWAN LN  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE SD ☐ Change ☒ Addition  
NAME HARPER, MATTHEW T  
STREET ADDRESS 2092 SWAN LN  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME MUNGALL, DAVID A  
STREET ADDRESS 3116 BLUE HERON ST  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

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 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: *David A. Mungall* MUNGALL, DAVID A, TD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 15, 2007

(727) 726-3136

Date

Daytime Phone #