2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 741938

Entity Name: NORTH BAY HILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 363
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

30 CRANE DRIVE
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

P O BOX 363
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-2550912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKS, PAUL E
30 CRANE DR
SAFETY HARBOR, FL 34695 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: ANDERSEN, DAVID L
Address: 60 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete
Name: FAVIRE, CHRISTOPHER S JR
Address: 3100 SANDPIPER LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete
Name: SEYFERTH, RAYMOND J
Address: 36 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete
Name: BURKS, PAUL E
Address: 30 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD (X) Delete
Name: MUNGALL, DAVID A
Address: 3116 BLUE HERON ST
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: SEYFERTH, RAYMOND J
Address: 36 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SECY (X) Change ( ) Addition
Name: SEYFERTH, THELMA P
Address: 36 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TREA (X) Change ( ) Addition
Name: BURKS, PAUL E
Address: 30 CRANE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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: PAUL E. BURKS TREA 01/29/2009
Electronic Signature of Signing Officer or Director Date