

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745995

FILED
Jun 11, 2008
Secretary of State

Entity Name: NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6313 NEWTOWN CIRCLE
552 MAIN ST
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR
SUITE 260
CLEARWATER, FL 33762 US

New Mailing Address:

P. O. BOX 14357
CLEARWATER, FL 33766 US

FEI Number: 59-1975321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

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: MICHAEL G PEREZ, PRESIDENT

06/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURCHELL, ALLEN
Address: 6317 NEWTOWN CIR B3
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: BURNS, MICHAEL
Address: 6312 NEWTOWN CIR B2
City-St-Zip: TAMPA, FL 33615

Title: PD () Delete
Name: SHEPARD, PHIL
Address: 6325 NEWTOWN CIRCLE B2
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: GILVIN, BEN
Address: 6312 NEWTON CIR A5
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: ADDISON, SILVIA
Address: 6340 NEWTOWN CIRCLE A6
City-St-Zip: TAMPA, FL 33615

Title: DS () Delete
Name: STOVER, CHAD
Address: 6310 NEWTOWN CIRCLE C10
City-St-Zip: TAMPA, FL 33615

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
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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: ALLEN BURCHELL

PD

06/11/2008

Electronic Signature of Signing Officer or Director

Date