

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 10, 2009**  
**Secretary of State**

DOCUMENT# 745995

**Entity Name:** NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6313 NEWTOWN CIRCLE  
TAMPA, FL 33615 US**New Principal Place of Business:****Current Mailing Address:**16105 N. FLORIDA #A  
LUTZ, FL 33549 US**New Mailing Address:****FEI Number:** 59-1975321**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MEZER, STEVE ATTY  
1801 N. HIGHLAND  
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**CHRISTY, DOUGLAS G ATTY  
1010 N. FLORIDA AVENUE  
TAMPA, FL 33672 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: DOUGLAS G. CHRISTY

06/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURCHELL, ALLEN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VPD ( ) Delete  
Name: BAILY, SHAWN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: ROWE, JOE ELLEN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: YANZ, BARBARA  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete  
Name: BURCHELL, LORI  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: ROWE, JOE ELLEN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change ( ) Addition  
Name: YANZ, BARBARA  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: BURCHELL, LORI  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

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

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

Date