## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#753106** 

FILED Apr 28, 2009 Secretary of State

Entity Name: SOUTH BAY HOMEOWNERS' ASSOCIATION, INC.

| Current Principal Place of Business:                                  |  |  |   | New Principal Place of Business:  |  |                           |                           |        |
|---|--|--|---|---|--|---------------------------|---------------------------|--------|
| 5010 WINV   | ESS DEVELO<br>VOOD WAY<br>, FL 32819               | DPMENT PARTNERS, INC.                    |   |   |  |                           |                           |        |
| Current Mailing Address:  |  |  |   | New Mailing Address:  |  |                           |                           |        |
| P.O. BOX 2  |  | DPMENT PARTNERS, INC.<br>86              |   |   |  |                           |                           |        |
| FEI Number:   | 59-2016386   | FEI Number Applied For ( )               | FEI Numl                                  | ber Not Appli   | cable ( )                                | Certific                  | ate of Status Desired (   | ( )    |
| Name and  | Address of (                                       | 1  | Name and Address of New Registered Agent: |   |  |                           |                           |        |
| LARSEN, RICHARD E<br>55 E. PINE STREET<br>ORLANDO, FL 32801 US        |  |  |   | LARSEN, RICHARD E<br>3000 S ORANGE AVE STE 1200<br>ORLANDO, FL 32801 US |  |                           |                           |        |
| The above<br>in the State   |  | submits this statement for the p         | urpose of                                 | changing it   | s registered                             | office or                 | registered agent, or      | both,  |
| SIGNATURE:  |  |  |   | 04/28/2009  |  |                           |                           |        |
|   | Electro  | nic Signature of Registered Age          | nt  |   |  |                           | Date                      |        |
| OFFICERS AND DIRECTORS:   |  |  |   | ADDITION  | S/CHANGE                                 | S TO OF                   | FICERS AND DIRE           | CTORS: |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | PULOGEL, DO<br>9220 BAY HILL<br>ORLANDO, FL        | . BLVD<br>32819<br>) Delete<br>S COVE DR | -<br>-<br>!                               | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:   | PUVOGEL, D<br>9220 BAY HII<br>ORLANDO, F | OUG<br>LL BLVD<br>L 32819 | ( ) Addition ( ) Addition |        |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                           | D (<br>WEIS, MICHAE                                | ) Delete<br>EL<br>RRIDGE PLACE           | -<br>!                                    | Title:<br>Name:<br>Address:<br>City-St-Zip:                             | (  | ) Change                  | ( ) Addition              |        |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                           | D (<br>ULRICH, TODE<br>8538 LOST CO<br>ORLANDO, FL | VE DR                                    | 1   | Title:<br>Name:<br>Address:<br>City-St-Zip:                             | (  | ) Change                  | ( ) Addition              |        |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                           | D (<br>PAINTER, DAV<br>9055 SHAWN I<br>ORLANDO, FL | PARK PLACE                               | 1   | Title:<br>Name:<br>Address:<br>City-St-Zip:                             | (  | ) Change                  | ( ) Addition              |        |

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: MICHAEL WEIS D 04/28/2009