

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767984

FILED
Apr 22, 2009
Secretary of State

Entity Name: BAY NORTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BAY NORTH
HWY 98
ST TERESA, FL 32322 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15651
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2251068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, MARY S
520 SHORT ST
TALLAHASSEE, FL 32308 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: D () Delete
Name: BAILEY, JERRY
Address: 5655 SANTA ANITA DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP () Delete
Name: SPITZER, KURT
Address: 693 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CASHIN, KEN
Address: 3793 BOBBIN MILL RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: WILDER, FRED
Address: 2547 LAKEFAIR DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: DICKINSON, FRED
Address: 281 HIGH HILL RAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS () Delete
Name: COPPINS, MARTHA
Address: 2925 COLDSTREAM DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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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Address:
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: MARY S. CARROLL

DT

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date