

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767984

FILED  
Feb 15, 2011  
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  
Name: BAILEY, JERRY  
Address: 5655 SANTA ANITA DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: LEE, TRACY  
Address: 10044 NEAMATHLA TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: D  
Name: DICKINSON, FRED  
Address: 281 HIGH HILL RANCH LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DP  
Name: DEMONT, MARK  
Address: 2400 MAHAN DR.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: MARY S. CARROLL

DT

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date