

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002925

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: NOVA BAY HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR. 434, SUITE 5000  
LONGWOOD, FL 327795044

## New Principal Place of Business:

2180 WEST SR. 434  
SUITE 5000  
LONGWOOD, FL 327795044

## Current Mailing Address:

2180 WEST SR. 434, SUITE 5000  
LONGWOOD, FL 327795044

## New Mailing Address:

2180 WEST SR. 434  
SUITE 5000  
LONGWOOD, FL 327795044

FEI Number: 59-3726298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

## Name and Address of New Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/10/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SNIDER, CHARLES  
Address: PO BOX 700207  
City-St-Zip: ST. CLOUD, FL 34770

Title: VPD ( ) Delete  
Name: SNIDER, SCOTT  
Address: 6124 OAK SHORE DR  
City-St-Zip: ST CLOUD, FL 34771

Title: STD ( ) Delete  
Name: SNIDER, JOSEPH  
Address: 6252 OAK SHORE DR  
City-St-Zip: ST CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SNIDER, CHARLES  
Address: 6191 OAK SHORE DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPD (X) Change ( ) Addition  
Name: SNIDER, SCOTT  
Address: 6124 OAK SHORE DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: STD (X) Change ( ) Addition  
Name: SNIDER, JOSEPH  
Address: 6252 OAK SHORE DR  
City-St-Zip: SAINT CLOUD, FL 34771

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: CHARLES SNIDER

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date