2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N01000002925

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:

Current Mailing Address:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

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
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: SNIDER, CHARLES
Address: 6191 OAK SHORE DR
City-St-Zip: SAINT CLOUD, FL 34771

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SNIDER, CHARLES
Address: 6250 OAK SHORE DR
City-St-Zip: SAINT CLOUD, FL 34771

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

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

Title: D ( ) Change (X) Addition
Name: SAMSON, VIKKI
Address: 6239 OAK SHORE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Change (X) Addition
Name: BLACK, DANNY
Address: 6255 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 04/07/2009

Electronic Signature of Signing Officer or Director — Date