## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01892

FILED Mar 05, 2009 Secretary of State

Entity Name: SPRING BAY VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O WORLD OF HOMES 6220 S ORANGE BLOSSOM TRAIL 2884 S OSCEOLA AVE # 105 ORLANDO, FL 32806 ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** C/O WORLD OF HOMES 6220 S ORANGE BLOSSOM TRAIL 2884 S OSCEOLA AVE # 105 ORLANDO, FL 32806 US ORLANDO, FL 32809 US FEI Number: 59-2405213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SRK RESIDENTIAL COMMUNITIES 6220 S ORANGE BLOSSOM TRAIL # 105 ORLANDO, FL 32809 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SPIELVEGEL, MAURY Name: Name: 7638 SPRING BAY COVE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: HENNESSEY, HERB Name: Address: 7642 SPRING BAY COVE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition KLOSTERMAN, STEPHEN Name: Name: 6220 S. ORANGE BLOSSOM TRAIL # 105 Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition Name: JOHNSON, MARY Name: 7624 SPRING BAY COVE Address: Address: City-St-Zip: ORLANDO, FL 32819 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: STEPHEN KLOSTERMAN RA 03/05/2009