2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90037 037 ****70.00

DOCUMENT # N02000009770

1. Entity Name

RIVER BAY MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 89971 TAMPA FL 33689-0416	P.O. BOX 89971 TAMPA FL 33689-0416

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 04-3731666 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, WILLIAM J 7017 OYSTER BAY DR TAMPA FL 33619	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, WILLIAM J 7017 OYSTER BAY DR TAMPA FL 33619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hart, William J 7017 Oyster Bay DR Tampa, Fl 33619 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, RAYMOND 7020 OYSTER BAY DR TAMPA FL 33619 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nessler, Mary 905 River Bay DR Tampa, Fl 33619 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, DEE 314 RIVER PT DR TAMPA FL 33619 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Billie Jo Johnson 7003 Grand Rapids DR Tampa, Fl 33619 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BILL 7017 OYSTER BAY DR TAMPA FL 33619 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dorothy M. Cataldo 311 River Bay DR Tampa Fl. 33619 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESSLER, MARY 905 RIVER BAY DR TAMPA FL 33619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Esther Tucker 7004 Grand River DR Tampa Fl 33619 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James T Carter 717 River Point DR Tampa, Fl 33619 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Hart February 20 2007 8136232260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20004738

#N02000009770

D

Gladys Niles

626 River Point Dr

☑ Addition