

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 22, 2009
Secretary of State**

DOCUMENT# N03000001934

Entity Name: NORTH BAY VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1801 S TREASURE DR
MANAGEMENT OFFICE
NORTH BAY VILLAGE, FL 33141**New Principal Place of Business:****Current Mailing Address:**1801 S TREASURE DR
MANAGEMENT OFFICE
NORTH BAY VILLAGE, FL 33141**New Mailing Address:**

FEI Number: 65-1726336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NORTH BAY PROPERTY MANAGEMENT, INC.
1801 S TREASURE DRIVE
MANAGEMENT OFFICE
NORTH BAY VILLAGE, FL 33141 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: P () Delete
Name: CARABALLO, ADRIANA
Address: 1801 S TREASURE DR #221
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: VP () Delete
Name: BRAVO, ABRAHAM
Address: 1801 S TREASURE DR #229
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: S () Delete
Name: BRUN, FIORELLA
Address: 1801 S. TREASURE DR. # 216
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: T () Delete
Name: GUZMAN, MAGARITA
Address: 1801 S. TREASURE DRIVE #105
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: D (X) Delete
Name: SANCHEZ, ONORET
Address: 1801 S. TREASURE DRIVE # 101
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: SANCHEZ, ONORET
Address: 1801 S TREASURE DR #101
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: GUZMAN, MARGARITA
Address: 1801 S. TREASURE DR. # 105
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
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: FERNANDO A LARACUENTE

LCAM

08/22/2009

Electronic Signature of Signing Officer or Director

Date