

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90008 037 ****61.25

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DOCUMENT # N03000005162			
1. Entity Name NORTH BAYVIEW NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business BAY COLONY CLUB AND NORTH 6333 BAY CLUB DRIVE FORT LAUDERDALE, FL 33308-1750		Mailing Address BAY COLONY CLUB AND NORTH 6333 BAY CLUB DRIVE FORT LAUDERDALE, FL 33308-1750	
2. Principal Place of Business		3. Mailing Address <i>Jo Joyous Burkart</i> 6401-4 BAY CLUB DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. FT. LAUD, FL	
City & State		City & State 33308	
Zip	Country	Zip	Country USA
4. FEI Number 57-1173153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANCES, WANDA 6033 BAY VIEW DRIVE FORT LAUDERDALE, FL 33308-1750		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: <i>Wanda Frances</i>		DATE: 2/26/04	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/>	
		\$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	P BURKART, JOYOUS 6401-4 BAY CLUB DR. FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIDORSKI, SANDRA 6011 N.E. BAY VIEW DR. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSTON, BEVERLY 6351-1 BAY CLUB DR. FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCES, WANDA 6033 BAYVIEW DR. FORT LAUDERDALE, FL 333081750	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jooyous Burkart</i>		Date: 954-351-9715	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daytime Phone #	