

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000880

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NORTH BAY VILLAGE OF BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 20-0743606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DURANT, MICHAEL A  
CONROY, COLEMAN & HAZZARD, P.A.  
2640 GOLDEN GATE PKWY, STE 115  
NAPLES, FL 34105 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:**

Title: D ( ) Delete  
Name: NASHMAN, JAMES A  
Address: 26381 SOUTH TAMiami TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: LAUER, FREIDA  
Address: 26381 SOUTH TAMiami TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) 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: JAMES A. NASHMAN

D

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date