

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010596

FILED
Mar 29, 2008
Secretary of State

Entity Name: INTERBAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3050 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3050 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629

New Mailing Address:

FEI Number: 30-0385238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UGARTE, JORGE
3050 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629 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: UGARTE, JORGE
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: MIXSON, TOM
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: FRIEDMAN, PHILIP A
Address: 707 WEST AZEELE STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: FOSTER, SHELLY
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: KELLER, CHRIS
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: FRASER, GRAEME
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MIXSON, TOM
Address: 3050 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change () Addition
Name: FRIEDMAN, PHILIP A
Address: 3502 HENDERSON BLVD SUITE 203
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP FRIEDMAN

T

03/29/2008

Electronic Signature of Signing Officer or Director

Date