2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 15 2008 8:00 am

		REPURI			Car	4	of C4.	242
1. Entity Nam	MENT # N13121 S BAY HOMEOWNERS ASS	SOCIATION, INC.					y of Sta	
13459-A MOSSY CYPRESS DRIVE 1345			ailing Address 3459-A MOSSY CYPRESS DRIVE CKSONVILLE, FL 32223 US					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.)1212008 Chg	g-NP	CR2E037 (12/06)	
City & State		City & State	City & State		. FEI Number 59-2767773			Applied For
Zip	Zip _ Country Zij		p . Country		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current F	Pagistared Asset			Name and Addre	non of Now Con	·	190
 	G. Hank and Address of Current	registered Agent	Name		1/	. /	Isreien wäenr	
MCGINNIS			$\mathcal{C}_{\mathcal{L}}$		1 HARLAN			
	MOSSY CYPRESS DRIVE IVILLE, FL 32223		Street Address		. Box Number is Ne	ot Acceptable)		
JACKSON	IVILLE, PL 32223		1.321	5G1	Massy CVI	RESS D	0	
			1040 9-1		Massy Cyp	KESS U	1 = 5	vdo.
CAC					SON VILLE	_	FL ZPS	22833 22833
	e named entity submits this statement for tions of registered agent		_	registered	agent, or both, in th	e state of Fioric	/ / /	n, and accept
SIGNATURE	Squeture, typed or printed name of registered agent a	- JOHN M. FAW. and title if applicable. (NOTE:	Z_S : Registered Agent signatu	ure required whe	n reinstating)	21	12/08 DATE	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008		Registered Agent signatu Paign Financing	\$:	5.00 May Be		DATE se check payable a Department of	
SIGNATURE (Filing Fee is \$61.25	9. Election Cam Trust Fund C	Registered Agent signatu Paign Financing	□ \$5	5.00 May Be ded to Fees	Florida	e check payable	State
3 (Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	Registered Agent signature ipaign Financing ontribution.	□ \$5	5.00 May Be ded to Fees	Florida	e check payable a Department of	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 trusfee 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:

JOHN MSLITNES

2/2/08

904)380-7065

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

RE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR