

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18328

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** INTERBAY OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

DACARI MGMT  
6833 S WALL ST  
TAMPA, FL 33616

**New Principal Place of Business:**

INTERBAY OAKS CONDO ASSOCIATION  
6833 S WALL ST  
TAMPA, FL 33616

**Current Mailing Address:**

P O BOX 13710  
TAMPA, FL 336813710

**New Mailing Address:**

FEI Number: 59-2763846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BROYE, RICHARD  
6833 SOUTH WALL ST  
TAMPA, FL 33616      US

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

BROYE, RICHARD J  
6833 SOUTH WALL ST  
TAMPA, FL 33616      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: RICHARD J. BROYE

01/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: EDWARDS, MARINA  
Address: 8101 INTERBAY BLVD G  
City-St-Zip: TAMPA, FL 33616

Title: TD ( ) Delete  
Name: EVERY, THOMAS  
Address: 8101 INTERBAY BLVD., A  
City-St-Zip: TAMPA, FL 33616

Title: MBR ( ) Delete  
Name: AVERY, IRMA  
Address: 8100 INTERBAY BLVD I  
City-St-Zip: TAMPA, FL 33616

Title: VP (X) Delete  
Name: BROWN, EVETTE  
Address: 8101 INTERBAY BLVD E  
City-St-Zip: TAMPA, FL 33616

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

Title: PRES (X) Change ( ) Addition  
Name: EDWARDS, MARINA  
Address: 8101 INTERBAY BLVD G  
City-St-Zip: TAMPA, FL 33616

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

Title: VP (X) Change ( ) Addition  
Name: BROWN, EVETTE  
Address: 8101 INTERBAY BLVD E  
City-St-Zip: TAMPA, FL 33616

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EVETTE BROWN

VP

01/11/2007

Electronic Signature of Signing Officer or Director

Date