

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002074

FILED
Mar 15, 2007
Secretary of State

Entity Name: CARINOSA AT BAY FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

338 CARINOSA CT
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

% FINANCIAL MANAGEMENT SERVICES
P.O. BOX 11496
NAPLES, FL 341011496

New Mailing Address:

C/O TAMIAMI PROPERTY MANAGEMENT
15087 ROYAL FERN CT #100
NAPLES, FL 34110

FEI Number: 65-0408012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARINOSA
C/O FINANCIAL MGMT SERVICES
5020 TAMIAMI TRAIL NORTH #200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CARINOSA
C/O TAMIAMI PROPERTY MANAGEMENT
15087 ROYAL FERN CT #100
NAPLES, FL 34110 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:

03/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BENDER, MARY A
Address: 330 CARINOSA CT.
City-St-Zip: NAPLES, FL 34110

Title: VPTD () Delete
Name: POHLMAN, JEROME C
Address: 338 CARINOSA CT.
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: TRAGDE, LORRAINE
Address: 325 CARINOSA CT.
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD (X) Change () Addition
Name: RIDDLE, WANDA
Address: 321 CARINOSA CT.
City-St-Zip: NAPLES, FL 34110

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

Title: MGR () Change (X) Addition
Name: WHITE, ROBERT
Address: 15087 ROYAL FERN CT #100
City-St-Zip: NAPLES, FL 34110

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: ROBERT WHITE

MGR

03/15/2007

Electronic Signature of Signing Officer or Director

Date