2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002074

FILED Jaņ 3<u>0, 2</u>008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

338 CARINOSA CT NAPLES, FL 34110 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

CARINOSA CARINOSA AT BAY FOREST HOA, INC C/O TAMIAMI PROPERTY MANAGEMENT C/O TAMIAMI PROPERTY MANAGEMENT 15087 ROYAL FERN CT #100 15087 ROYAL FERN CT #100 NAPLES, FL 34110 US 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: ROBERT E. WHITE 01/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BENDER, MARY A BENDER, MARY A Name: Name: 330 CARINOSA CT. Address: 15087 ROYAL FERN CT. #100 Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

(X) Change () Addition Title: VPTD () Delete Title: RIDDLE, WANDA Name: RIDDLE, WANDA Name:

Address: 321 CARINOSA CT. Address: 15087 ROYAL FERN CT. #100 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: () Delete Title: P/D (X) Change () Addition TRAGDE, LORRAINE TRAGDE, LORRAINE Name: Name: 15087 ROYAL FERN CT. #100 Address: 325 CARINOSA CT. Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete Title: (X) Change () Addition M

Name: WHITE, ROBERT Name: WHITE, ROBERT E 15087 ROYAL FERN CT #100 Address: Address: 15087 ROYAL FERN CT #100

NAPLES, FL 34110

City-St-Zip: NAPLES, FL 34110 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: ROBERT E. WHITE Μ 01/30/2008