

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002604

FILED
Apr 13, 2007
Secretary of State

Entity Name: EAST BAY VILLAGE HOMEOWNERS ASSOCIATION, INC. AT VILLA DANIELLE

Current Principal Place of Business:

PO BOX 5323
NAVARRE, FL 32566

New Principal Place of Business:

BAY CLUB DR
NAVARRE, FL 32566

Current Mailing Address:

PO BOX 5323
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3346474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, TERESA
PO BOX 5323
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

CHAPMAN, TERESA
BAY CLUB DR
NAVARRE, FL 32566 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: TERESA CHAPMAN

04/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAPMAN, TERESA
Address: PO BOX 5323
City-St-Zip: NAVARRE, FL 32566

Title: PRES () Delete
Name: CHAPMAN, TERESA
Address: 2745 BAY CLUB DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: DIR () Delete
Name: JOINER, JACK
Address: 2795 BAY CLUB DR
City-St-Zip: NAVARRE, FL 32566

Title: DIR () Delete
Name: MCKAY, TIM
Address: 331 HILLDALE DR
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: TIMOTHY MCKAY

DIR

04/13/2007

Electronic Signature of Signing Officer or Director

Date