2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N97000000994

Entity Name: ROUND BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3360 S.W. ST. LUCIE SHORES DRIVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

3360 S.W. ST. LUCIE SHORES DRIVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 58-2429018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTER, JAMES J
3360 S.W. ST. LUCIE SHORES DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HARTER, JAMES J	
Address:	3360 SW ST. LUCIE SHORES DRIVE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	VD	( ) Delete
Name:	BROWNIE, JEREMY	
Address:	1669 NE AMY AVE	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	S	( ) Delete
Name:	SMITH, KATHIE	
Address:	3330 SW ST LUCIE SHORES DRIVE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	T	( ) Delete
Name:	GILIO, JOE	
Address:	3380 SW ST LUCIE SHORES RD	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	HARTER, PAT	
Address:	3360 SW ST LUCIE SHORES DRIVE	
City-St-Zip:	PALM CITY, FL 34990	

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:	
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 Section 119.07(3)(i), 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: KATHIE SMITH S 04/04/2005

Electronic Signature of Signing Officer or Director — Date