

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2005  
Secretary of State**

DOCUMENT# N98000007031

Entity Name: SOUTH BAYVIEW ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17279 OHARA DR  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

17279 OHARA DR  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

VANDERSLICE, WILLIAM M  
17279 OHARA DR.  
PORT CHARLOTTE, FL 33948 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: PTD ( ) Delete  
Name: VANDERSLICE, WILLIAM M  
Address: 17279 OHARA DR  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VPD ( ) Delete  
Name: ELMY, ROBERT A  
Address: 17525 OHARA DR  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D ( ) Delete  
Name: ARB, JACK  
Address: 5127 COLLINGSWOOD BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D ( ) Delete  
Name: PARSONS, RAY  
Address: 5035 COLLINGSWOOD BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete  
Name: BURCHET, ROSE MARIE  
Address: 5107 COLLINGSWOOD BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

Title: PD (X) Change ( ) Addition  
Name: VANDERSLICE, WILLIAM M  
Address: 17279 OHARA DR  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

Title: TD (X) Change ( ) Addition  
Name: ARB, JACK  
Address: 5127 COLLINGSWOOD BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

Title: SD (X) Change ( ) Addition  
Name: FERRIOLA, LEE ANN  
Address: 17219 OHARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: WILLIAM VANDERSLICE

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date