

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007031

FILED  
Feb 28, 2008  
Secretary of State

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

Title: VPD                      ( ) Delete  
Name: DRISCOL, RICHARD  
Address: 5117 COLLINGSWOOD BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

Title: D                      ( ) Delete  
Name: BERNSTEIN, JULES M  
Address: 17549 O'HARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

**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:

Title: D                      ( ) Change (X) Addition  
Name: MAUTI, HERMAN R  
Address: 17329 O'HARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: WILLIAM VANDERSLICE

PD

02/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date