

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007031

FILED
Jan 30, 2010
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
Name: VANDERSLICE, WILLIAM M
Address: 17279 OHARA DR
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM VANDERSLICE

PD

01/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date