


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000002765</b> 1. Entity Name <b>DERBY BAY NORTH CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1245 DERBY LN SARASOTA, FL 34242</b>	Mailing Address <b>1245 DERBY LN SARASOTA, FL 34242</b>
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01072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1100944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROHRER, PAT 1245 DERBY LANE SARASOTA, FL 34242</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PAT ROHRER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHRER, PAT 1245 DERBY LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHRER, JIM 1245 DERBY LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILEY, BILL 1249 DERBY LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTON, LYNN 1225 DERBY LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, SUE 1223 DERBY LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARINKOVIC, ROLAND 1231 DERAY LN SARASOTA, FL 34242

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06/01/07-80010-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Rohrer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-24-07 (94)  
780-7529