NORTH BAY V	SURE DRIVE ILLAGE, FL 33141			
Current Mai	ling Address:			
	EASURE DRIVE ( VILLAGE, FL 33141			
FEI Number: 41-2102833			Certificate of Status Desir	ed: No
Name and A	Address of Current Registered Agent:			
JACOBS, RUS 20700 W. DIXIE AVENTURA, FL	E HWY			
The above name	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florid	la.
SIGNATURE	E: RUSSELL S JACOBS, P.A.			01/09/2014
				01/00/2011
	Electronic Signature of Registered Agent			Date
Officer/Dire	Electronic Signature of Registered Agent			
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent	Title	S	
	Electronic Signature of Registered Agent	Title Name		
Title	Electronic Signature of Registered Agent ctor Detail : P		S	
Title Name	Electronic Signature of Registered Agent ctor Detail : P BONHAM, DAVID	Name	S RACHEL, HUGHES	Date
Title Name Address	Electronic Signature of Registered Agent ctor Detail : P BONHAM, DAVID 1455 N. TREASURE DRIVE 4R	Name Address	S RACHEL, HUGHES 1455 NO. TRESURE DRIVE, 4H	Date
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P BONHAM, DAVID 1455 N. TREASURE DRIVE 4R NORTH BAY VILLAGE FL 33141	Name Address	S RACHEL, HUGHES 1455 NO. TRESURE DRIVE, 4H	Date
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P BONHAM, DAVID 1455 N. TREASURE DRIVE 4R NORTH BAY VILLAGE FL 33141 T	Name Address	S RACHEL, HUGHES 1455 NO. TRESURE DRIVE, 4H	Date
Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : P BONHAM, DAVID 1455 N. TREASURE DRIVE 4R NORTH BAY VILLAGE FL 33141 T KIRKBRIDE, CHALMER	Name Address	S RACHEL, HUGHES 1455 NO. TRESURE DRIVE, 4H	Date

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: DAVID BONHAM

Electronic Signature of Signing Officer/Director Detail

01/09/2014

FILED Jan 09, 2014 **Secretary of State** CC7948826820

Date

## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0300006394

Entity Name: ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**