#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706641** 

Entity Name: BAILEY'S BLUFF CIVIC ASSOCIATION, INC.

FILED
Mar 02, 2016
Secretary of State
CC6594174244

## **Current Principal Place of Business:**

2021 GULFVIEW BLVD. HOLIDAY, FL 34691

# **Current Mailing Address:**

P.O. BOX 103

TARPON SPRINGS. FL 34688

FEI Number: 59-1776288 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WALLENBERG, SHARON 3033 BLUFF BLVD HOLIDAY, FL 34691 US

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: SHARON WALLENBERG 03/02/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	VP

NameMALKA, DONNANameOUTLAW, REGGIEAddress3017 BLUFF BLVDAddress3324 PINEVIEW DRCity-State-Zip:HOLIDAY FL 34691City-State-Zip:HOLIDAY FL 34691

Title **SECRETARY** Title **TREASURER** Name BECKER, ANGELA Name WALLENBERG, SHARON Address 2010 COVE CT Address 3033 BLUFF BLVD HOLIDAY FL 34691 City-State-Zip: City-State-Zip: HOLIDAY FL 34691

TitleDIRECTORTitleDIRECTORNameNICOLAOU, SUENameCRANE, CLARAAddress3105 BLUFF BLVDAddress3120 BLUFF BLVD.City-State-Zip:HOLIDAY FL 34691City-State-Zip:HOLIDAY FL 34691

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: SHARON WALLENBERG

**TREASURER** 

03/02/2016