

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732588

Entity Name: ENVOY POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7100 SUNSET WAY
SAINT PETERSBURG, FL 33706**Current Mailing Address:**970 LAKE CARILLON DR
102
SAINT PETERSBURG, FL 33716 US**FEI Number:** 59-1724179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROFESSIONAL BAYWAY MANAGEMENT
970 LAKE CARILLON DR.
102
ST. PETERSBURG, FL 33716 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:** W NEWTON

03/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MAZZA, JIM
Address 970 LAKE CARILLON DR
102
City-State-Zip: SAINT PETERSBURG FL 33716

Title SD
Name HUGHES, BRYAN
Address 970 LAKE CARILLON DR
102
City-State-Zip: ST. PETERSBURG FL 33716

Title VP
Name ROCHE, DONNA
Address 970 LAKE CARILLON DR
102
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name WILCOX, ROGER
Address 970 LAKE CARILLON DR
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR
Name KING, GREG
Address 970 LAKE CARILLON DR
102
City-State-Zip: ST PETERSBURG FL 33716

Title PRESIDENT
Name CANFIELD, GARY
Address 970 LAKE CARILLON DR
102
City-State-Zip: ST PETERSBURG FL 33716

Title TREASURER
Name KWAPIL, TOM
Address 970 LAKE CARILLON DR
102
City-State-Zip: SAINT PETERSBURG FL 33716

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: GARY CANFIELD

PRES

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date