	5901 US HW SUITE 7Q NEW PORT	/Y 19 RICHEY , FL 34652 US			
FEI Number: 59-1961304			Certificate of Status Desired: No		
	Name and A	ddress of Current Registered Agent:			
	5901 US HWY 1 SUITE 7Q	OPERTY MANAGEMENT 19 CHEY , FL 34652 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.					
	The above named	a entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fioric	la.
		is entity submits this statement for the purpose of changing its regis MARY BURNARD	stered office or regis		<sup>la.</sup> 02/13/2019
			sterea onice or regis		
		Electronic Signature of Registered Agent	stered onice or regis		02/13/2019
	SIGNATURE	Electronic Signature of Registered Agent	Title		02/13/2019
	SIGNATURE	MARY BURNARD     Electronic Signature of Registered Agent     ctor Detail :			02/13/2019
	SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	02/13/2019
	SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ZAJAC, WALLACE 5901 US HWY 19	Title Name	VP NORWOOD, LYDIA 5901 US HWY 19 SUITE 7Q	02/13/2019
	SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ZAJAC, WALLACE 5901 US HWY 19 SUITE 7Q	Title Name Address	VP NORWOOD, LYDIA 5901 US HWY 19 SUITE 7Q	02/13/2019
	SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ZAJAC, WALLACE 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY FL 34652	Title Name Address City-State-Zip:	VP NORWOOD, LYDIA 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY FL 34652	02/13/2019

Address

City-State-Zip:

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: WALLACE ZAJAC

5901 US HWY 19

NEW PORT RICHEY FL 34652

SUITE 7Q

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

5901 US HWY 19

NEW PORT RICHEY FL 34652

SUITE 7Q

PRESIDENT

02/13/2019

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 748613

# Entity Name: VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

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

5901 US HWY 19 SUITE 7Q NEW PORT RICHEY , FL 34652

## **Current Mailing Address:**

FILED Feb 13, 2019 Secretary of State 6675078171CC

Date