

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748613

Entity Name: VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

FILED
Feb 23, 2017
Secretary of State
CC4405912629

Current Principal Place of Business:

24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763

Current Mailing Address:

24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763 US

FEI Number: 59-1961304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVETERE, JULIE
24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763 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: JULIE LOVETERE

02/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name ESKEW, JAMES
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title VPD
Name MAHONEY, SUSAN
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name ZAJAC, LINDA
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title PD
Name BERGER, SANDIE
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title SD
Name BYRD, SUSAN
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name THOMPSON, DEBRA
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name NORWOOD, LYDIA
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

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: SANDIE BERGER

PD

02/23/2017

Electronic Signature of Signing Officer/Director Detail

Date