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: TERI CORLETZI

Electronic Signature of Signing Officer/Director Detail

PR

04/16/2019

SIGNATURE	E MARK SLACK		04/16/2019
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	CORLETZI, TERI	Name	LONG, ANN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER		
Name	WATSON, PAMELA		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215		
City-State-Zip:	NAPLES FL 34104		

Name and Address of Current Registered Agent:

SLACK, MARK PAULICH, SLACH & WOLFF 9045 STRADA STELL COURT NAPLES, FL 34109 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.

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215

NAPLES, FL 34104 US

FEI Number: 59-2190408

Current Mailing Address:

Current Principal Place of Business: C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104

DOCUMENT# 752141

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BAYVIEW CONDOMINIUM ASSOCIATION, INC.

Certificate of Status Desired: No

Date

FILED Apr 16, 2019 Secretary of State 4121581183CC