

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 755815

**Entity Name:** BAY VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED  
Nov 10, 2015  
Secretary of State  
CC5653069040**

**Current Principal Place of Business:**

19807 GULF BLVD  
#129  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

19807 GULF BLVD  
#129  
INDIAN SHORES, FL 33785

**FEI Number: 59-2577989**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OWENS, CONNIE  
BAY VIEW VILLAS CONDO  
19087 GULF BOULEVARD CONDO 107  
INDIAN SHORES, FL 33785 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: CONNIE OWENS**

**11/10/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OWENS, CONNIE  
Address        BAY VIEW VILLAS CONDO  
                  19807 GULF BLVD 107  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title            DIRECTOR  
Name            EDGE, CATHY  
Address        BAY VIEW VILLAS CONDO  
                  19807 GULF BOULEVARD CONDO 118  
City-State-Zip: INDIAN SHORES FL 33785

Title            SECRETARY  
Name            WURDEMAN, BARBARA  
Address        BAY VIEW VILLAS CONDO  
                  19807 GULF BLVD #110  
City-State-Zip: INDIAN SHROES FL 33785

Title            VP  
Name            O'BRIEN, TOM  
Address        601 CLEVELAND ST  
                  SUITE 618  
City-State-Zip: CLEARWATER FL 33755

Title            TREASURER  
Name            BOWMAN, BILLIE  
Address        19807 GULF BLVE  
                  UNIT 124  
City-State-Zip: INDIAN SHORES FL 33785

*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: CONNIE OWENS**

**PRESIDENT**

**11/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date