Name and Address of Current Registered Agent:			
DMMUNITY MANAGEMENT, LLC ITRIDGE PLACE 32835 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.			
E: CHERYL L. ALTEMOSE			04/27/2022
Electronic Signature of Registered Agent			Date
ctor Detail :			
PRESIDENT	Title	VP	
BERGER, MICHAEL	Name	KAGEL, CHET	
C/O ALTEMOSE COMMUNITY MANAGEMENT P.O. BOX 1011	Address	C/O ALTEMOSE COMMUNITY MANAGEMENT P.O. BOX 1011	
GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734	
SECRETARY- TREASURER	Title	MANAGER	
PHARES, JEFF	Name	ALTEMOSE, CHERYL	
P.O. BOX 1011	Address	P.O. BOX 1011	
GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734	
	MMUNITY MANAGEMENT, LLC ITRIDGE PLACE 32835 US d entity submits this statement for the purpose of changing its re E CHERYL L. ALTEMOSE Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BERGER, MICHAEL C/O ALTEMOSE COMMUNITY MANAGEMENT P.O. BOX 1011 GOTHA FL 34734 SECRETARY- TREASURER PHARES, JEFF P.O. BOX 1011	DMMUNITY MANAGEMENT, LLC DTRIDGE PLACE 32835 US d entity submits this statement for the purpose of changing its registered office or regis E CHERYL L. ALTEMOSE Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BERGER, MICHAEL C/O ALTEMOSE COMMUNITY MANAGEMENT P.O. BOX 1011 GOTHA FL 34734 City-State-Zip: SECRETARY- TREASURER PHARES, JEFF Name P.O. BOX 1011	DMMUNITY MANAGEMENT, LLC DTRIDGE PLACE 32835 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of File E CHERYL L. ALTEMOSE Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title VP BERGER, MICHAEL Name C/O ALTEMOSE COMMUNITY Address MANAGEMENT P.O. BOX 1011 GOTHA FL 34734 City-State-Zip: GOTHA FL 34734 Title MANAGER Name PHARES, JEFF Name P.O. BOX 1011 Address P.O. BOX 1011 Address

1326 PLEASANTRIDGE PLACE ORLANDO, FL 32835

Current Principal Place of Business:

Current Mailing Address:

P.O. BOX 1011 GOTHA, FL 34734 US

FEI Number: 59-2364955

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: CHERYL ALTEMOSE

MANAGER

04/27/2022

Electronic Signature of Signing Officer/Director Detail

FILED Apr 27, 2022 Secretary of State 0732179339CC

Certificate of Status Desired: No

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, INC.

DOCUMENT# 768890

Date