

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770924

**Entity Name:** MARINA CONDOMINIUM AT BAY HILL, INC.**Current Principal Place of Business:**6511 PINECASTLE BLVD  
ORLANDO, FL 32809**Current Mailing Address:**P O BOX 568846  
ORLANDO, FL 32856-8846**FEI Number:** 59-2587161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLTER, PAMELA R  
6511 PINECASTLE BLVD  
ORLANDO, FL 32809 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P, DIRECTOR
Name	LAVOIE, ROBERT
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	TREASURER, DIRECTOR
Name	KELLEY, JOHN
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	SECRETARY, DIRECTOR
Name	VEHLEWALD, MARY BLANCHE
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	DIRECTOR
Name	GILES, HOWARD
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	DIRECTOR
Name	MELLEN, ROBERT
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	VP
Name	SINTOW, RODERICK
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

Title	D
Name	SAUNDERS, ROY
Address	P O BOX 568846
City-State-Zip:	ORLANDO FL 32856-8846

*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: ROBERT LAVOIE****PRESIDENT****03/24/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date