2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771001

Entity Name: BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

1016 COLLIER CENTER WAY #102 NAPLES, FL 34110

Current Mailing Address:

1016 COLLIER CENTER WAY #102 NAPLES, FL 34110

FEI Number: 59-2358903 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWNE PROPERTIES 1016 COLLIER CENTER WAY #102 NAPLES, FL 34110 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: MIKE TOWNS 03/11/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title S Title TREASURER

Name WISNIEWSKI, ALDINA Name MCNEELY, BRUCE

Address 26235 HICKORY BLVD #2-11D Address 1016 COLLIER CENTER WAY #102

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: NAPLES FL 34110

Title DIRECTOR Title PRESIDENT

Name COLLINS, LINDSEY Name LICHTSINN, RON

Address 1016 COLLIER CENTER WAY #102 Address 26225 HICKORY BLVD, #5B

City-State-Zip: NAPLES FL 34110 City-State-Zip: BONITA SPRINGS FL 34134

TitleVPTitleDIRECTORNameGORDON, MARKNameOLSEN, KEN

Address 1016 COLLIER CENTER WAY #102 Address 1016 COLLIER CENTER WAY #102

City-State-Zip: NAPLES FL 34110 City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name KOCH, FRANZ

Address 1016 COLLIER CENTER WAY #102

City-State-Zip: NAPLES FL 34110

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: RON LICHTSINN PRESIDENT 03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 11, 2016

Secretary of State

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