

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000786

**Entity Name:** PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**5858797469CC**

**Current Principal Place of Business:**

7092 PLACIDA RD  
CAPE HAZE, FL 33946

**Current Mailing Address:**

7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

**FEI Number: 03-0384629**

**Certificate of Status Desired: No**

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

CARR, HOLLY  
7092 PLACIDA RD.  
CAPE HAZE, FL 33946 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: HOLLY CARR**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JACOBS, MATT  
Address        7277 RUM BAY DR UNIT 5213  
City-State-Zip: CAPE HAZE FL 33946

Title           PRESIDENT  
Name           GRAY, CHRISTEN  
Address        7257 RUM BAY DR UNIT 5122  
City-State-Zip: CAPE HAZE FL 33946

Title           VP  
Name           HUNEK, MONICA  
Address        7237 RUM BAY DR UNIT 5011  
City-State-Zip: CAPE HAZE FL 33946

Title           SECRETARY  
Name           NICHOLSON, KAREN  
Address        7277 RUM BAY DR UNIT 5211  
City-State-Zip: CAPE HAZE FL 33946

Title           DIRECTOR  
Name           HALL, LARRY  
Address        7237 RUM BAY DR UNIT 5013  
City-State-Zip: CAPE HAZE FL 33946

*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: CHRISTEN GRAY**

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date