

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000786

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

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**3909437863CC**

**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:**

DRESSEL, KATHY K  
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: KATHY K. DRESSEL**

**04/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MASTERS, DAVID  
Address        P O BOX 3816  
City-State-Zip: CAPE HAZE FL 33946

Title            DIRECTOR  
Name            CARROLL, DAN  
Address        252 S. CAMP RUN RD  
City-State-Zip: FOMBELL PA 16123

Title            VP, SECRETARY  
Name            KORNICKI, LINDA  
Address        7092 PLACIDA RPAD  
                  5224  
City-State-Zip: CAPE HAZE FL 33946

Title            TREASURER  
Name            LOWELL, JENNY  
Address        42 RIVERDALE AVE  
City-State-Zip: TORONTO M4K 1C3

Title            DIRECTOR  
Name            WOODWORTH, TERRI  
Address        7126 BEECHMONT TERRACE  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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: DAVID MASTERS**

**PRESIDENT**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date