

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000786

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC7315520977**

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

**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:**

FREY, CHERI L  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           PRESIDENT  
Name           DUNCAN, DAVID  
Address        520 CENTURY OAK COURT  
City-State-Zip: LAKE LAND FL 33813

Title           DIRECTOR  
Name           KORNICKI, LINDA  
Address        72106 MOSELEY STREET  
City-State-Zip: CHAPEL HILL NC 27517

*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 DUNCAN

**PRESIDENT**

**04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date