Entity Name: PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.			Secretary of State CC4031358229	
Current Pri 7092 PLACIDA CAPE HAZE, F				664031336229
Current Mai	ling Address:			
7092 PLACI CAPE HAZE	DA RD 5, FL 33946 US			
FEI Number: 03-0384629		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
DRESSEL, KA 7092 PLACIDA CAPE HAZE, F	RD.			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in	the State of Florida.
SIGNATUR	E: KATHY K. DRESSEL			04/04/2018
SIGNATUR	E: KATHY K. DRESSEL Electronic Signature of Registered Agent			04/04/2018 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	PRESIDENT	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	PRESIDENT DUNCAN, DAVID	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : TREASURER		-	Date
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816	Name	DUNCAN, DAVID	Date NK COURT
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816	Name Address	DUNCAN, DAVID 520 CENTURY OA	Date NK COURT
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816 CAPE HAZE FL 33946	Name Address City-State-Zip:	DUNCAN, DAVID 520 CENTURY OA LAKELAND FL 33	Date NK COURT
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816 CAPE HAZE FL 33946 DIRECTOR KORNICKI, LINDA 7092 PLACIDA RPAD	Name Address City-State-Zip: Title	DUNCAN, DAVID 520 CENTURY OA LAKELAND FL 33 DIRECTOR	Date NK COURT 3813
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816 CAPE HAZE FL 33946 DIRECTOR KORNICKI, LINDA 7092 PLACIDA RPAD 5224	Name Address City-State-Zip: Title Name Address	DUNCAN, DAVID 520 CENTURY OA LAKELAND FL 33 DIRECTOR LOWELL, JENNY	Date NK COURT 3813 /E
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREASURER MASTERS, DAVID P O BOX 3816 CAPE HAZE FL 33946 DIRECTOR KORNICKI, LINDA 7092 PLACIDA RPAD 5224	Name Address City-State-Zip: Title Name Address	DUNCAN, DAVID 520 CENTURY OA LAKELAND FL 33 DIRECTOR LOWELL, JENNY 42 RIVERDALE AV	Date NK COURT 3813 /E

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000786

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

6308 GREAT WATER DR

WINDEMERE FL 34786

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/04/2018

FILED Apr 04, 2018

Secretary of State