

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000786

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

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC4031358229**

**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**

**04/04/2018**

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: LAKELAND FL 33813

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

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

Title           DIRECTOR  
Name           HALL, LARRY  
Address        6308 GREAT WATER DR  
City-State-Zip: WINDEMERE FL 34786

*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**

**04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date