DOCUMENT# N01000008003 Entity Name: BUMBY POINT NEIGHBORHOOD ASSOCIATION, INC. Current Principal Place of Business:		Secretar	y of State 5101331	
9 PINE ST. WINDERMERE				
Current Mai	ling Address:			
9 PINE ST. WINDERME	RE, FL 34786 US			
FEI Number: 02-0609805		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
LAWLER, THO 9 PINE ST. WINDERMERE	MAS , FL 34786 US			
WINDERNERE				
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	orida.
The above named		stered office or regis	tered agent, or both, in the State of Fl	orida. 01/30/2018
The above named	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	
The above named	d entity submits this statement for the purpose of changing its regis : THOMAS LAWLER Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	01/30/2018
The above named	d entity submits this statement for the purpose of changing its regis : THOMAS LAWLER Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	01/30/2018
The above named SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis THOMAS LAWLER Electronic Signature of Registered Agent ctor Detail :			01/30/2018
The above named SIGNATURE Officer/Direc Title	d entity submits this statement for the purpose of changing its regis : THOMAS LAWLER Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	SECRETARY	01/30/2018
The above named SIGNATURE Officer/Dired Title Name	d entity submits this statement for the purpose of changing its regis THOMAS LAWLER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LAWLER, THOMAS 9 PINE ST.	Title Name	SECRETARY LYNN, SALMON 8 PINE ST.	01/30/2018
The above named SIGNATURE Officer/Dired Title Name Address	d entity submits this statement for the purpose of changing its regis THOMAS LAWLER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LAWLER, THOMAS 9 PINE ST.	Title Name Address	SECRETARY LYNN, SALMON 8 PINE ST.	01/30/2018
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis THOMAS LAWLER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LAWLER, THOMAS 9 PINE ST. WINDERMERE FL 34786	Title Name Address	SECRETARY LYNN, SALMON 8 PINE ST.	01/30/2018
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regis E: THOMAS LAWLER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LAWLER, THOMAS 9 PINE ST. WINDERMERE FL 34786 TREASURER	Title Name Address	SECRETARY LYNN, SALMON 8 PINE ST.	01/30/2018
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title Name Address	d entity submits this statement for the purpose of changing its regis THOMAS LAWLER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LAWLER, THOMAS 9 PINE ST. WINDERMERE FL 34786 TREASURER GULLIVAN, DEBRA	Title Name Address	SECRETARY LYNN, SALMON 8 PINE ST.	01/30/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100008003

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: THOMAS LAWLER

PRESIDENT

01/30/2018

FILED Jan 30. 2018

Electronic Signature of Signing Officer/Director Detail