

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005554

**Entity Name:** APALACHICOLA BAY COLONY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 12, 2020**  
**Secretary of State**  
**7694327947CC**

**Current Principal Place of Business:**

134 BAY COLONY WAY  
APALACHICOLA, FL 32329

**Current Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328

**FEI Number: 73-1707737**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES  
215 BONCYLE LAND DR  
EASTPOINT, FL 32328 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           | VP                    | Title           | P                          |
| Name            | BLOODWORTH, RONALD    | Name            | GILBERT, SAM               |
| Address         | 161 BAY COLONY WAY    | Address         | 224 FRANKLIN BLVD.         |
| City-State-Zip: | APALACHICOLA FL 32320 | City-State-Zip: | ST. GEORGE ISLAND FL 32328 |
|                 |                       |                 |                            |
| Title           | DIRECTOR              |                 |                            |
| Name            | GRZELAK, DONNA        |                 |                            |
| Address         | 123 BAY COLONY WAY    |                 |                            |
| City-State-Zip: | APALACHICOLA FL 32320 |                 |                            |

*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: SAM GILBERT**

**P**

**05/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date