

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001561

Entity Name: BAYOU PASS VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Mar 03, 2020
Secretary of State
0747399052CC**Current Principal Place of Business:**5940 FROND WAY
APOLLO BEACH, FL 33572**Current Mailing Address:**235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US**FEI Number: 59-3803325****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
5940 FROND WAY
APOLLO BEACH, FL 33572 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:** CHRISTINE M TRIMMER**03/03/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOSEY, VANESSA
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER
Name BISHOP, KIM
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY
Name DICKINSON, YVETTE
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name CALLOWAY, THALIA
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title VP
Name LATORRE, PABLO
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
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City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name ROWE, JOYCE
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
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City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name MORINA, MIKE
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title LICENSED COMMUNITY
ASSOCIATION MANAGER
Name TRIMMER, CHRISTINE M
Address C/O COMMUNITIES FIRST
ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

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: CHRISTINE M TRIMMER**LICENSED COMMUNITY** 03/03/2020
ASSOCIATION MANAGER

