

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001561

**Entity Name:** BAYOU PASS VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC4011257885****Current Principal Place of Business:**409 COLLEGE AVE. E.  
RUSKIN, FL 33570**Current Mailing Address:**P.O BOX 615  
RUSKIN, FL 33575**FEI Number: 59-3803325****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRIMMER, CHRISTINE M  
409 COLLEGE AVE. E.  
RUSKIN, FL 33570 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

01/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	PFEIFFER, EARL
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33575

Title	DIRECTOR
Name	LATORRE, PABLO
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33575

Title	TREASURER
Name	MONIZ, ANN
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33570

Title	DIRECTOR
Name	ORNELAS, JESSE
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33575

Title	VP
Name	CLIFF, PAUL
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33575

Title	DIRECTOR
Name	LICOR, NOELLE
Address	PO BOX 615
City-State-Zip:	RUSKIN FL 33575

Title	SECRETARY
Name	SMITH, JESSICA
Address	P.O BOX 615
City-State-Zip:	RUSKIN FL 33575

*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:** EARL PFEIFFER**PRESIDENT**

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date