| Entity Name  | BAY STREET CONDOMINIUM ASSOCIATI   | ON, INC.                 | Secretary of State<br>6989662283CC  |
|--|--|--------------------------|---|
| Current Prir   | cipal Place of Business:   |                          | 090900220300  |
| 120 BAY STRE   |  |                          |   |
| GREEN COVE   | SPRINGS, FL 32043-4101   |                          |   |
| Current Mai  | ling Address:  |                          |   |
| 120 BAY ST   | REET   |                          |   |
| BOX 12   |  |                          |   |
| GREEN COV  | /E SPRINGS, FL 32043 US  |                          |   |
| FEI Number   | : 26-3998501   |                          | Certificate of Status Desired: No   |
| Name and A   | ddress of Current Registered Agent:  |                          |   |
| EDIE MANNING<br>120 BAY STRE<br>BOX 12<br>GREEN COVE                               |  |                          |   |
|  |  |                          |   |
| The above named  | l entity submits this statement for the purpose of changing its reg  | stered office or regis   | tered agent, or both, in the State of Florida.                                    |
|  | I entity submits this statement for the purpose of changing its reg.<br>E EDITH S. MANNING   | stered office or regis   | tered agent, or both, in the State of Florida.<br>01/09/2024                      |
|  |  | stered office or regis   | -   |
|  | EDITH S. MANNING Electronic Signature of Registered Agent  | stered office or regis   | 01/09/2024  |
| SIGNATURE  | EDITH S. MANNING Electronic Signature of Registered Agent  | stered office or regis   | 01/09/2024<br>Date  |
| SIGNATURE<br>Officer/Dire  | EDITH S. MANNING<br>Electronic Signature of Registered Agent   | Title                    | DIRECTOR/VICE<br>PRESIDENT/TREASURER  |
| SIGNATURE<br>Officer/Direc<br>Title  | EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT  | Title<br>Name            | DIRECTOR/VICE<br>PRESIDENT/TREASURER<br>WORSHAM, BOYD                             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address                             | E EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT<br>USRY, JOANIE<br>120 BAY STREET<br>BOX 12  | Title                    | DIRECTOR/VICE<br>PRESIDENT/TREASURER  |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name  | E EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT<br>USRY, JOANIE<br>120 BAY STREET<br>BOX 12  | Title<br>Name            | DIRECTOR/VICE<br>PRESIDENT/TREASURER<br>WORSHAM, BOYD<br>120 BAY STREET<br>BOX 12 |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address                             | E EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT<br>USRY, JOANIE<br>120 BAY STREET<br>BOX 12  | Title<br>Name<br>Address | DIRECTOR/VICE<br>PRESIDENT/TREASURER<br>WORSHAM, BOYD<br>120 BAY STREET<br>BOX 12 |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:          | E EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT<br>USRY, JOANIE<br>120 BAY STREET<br>BOX 12<br>GREEN COVE SPRINGS FL 32043                     | Title<br>Name<br>Address | DIRECTOR/VICE<br>PRESIDENT/TREASURER<br>WORSHAM, BOYD<br>120 BAY STREET<br>BOX 12 |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | EDITH S. MANNING<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DIRECTOR/PRESIDENT<br>USRY, JOANIE<br>120 BAY STREET<br>BOX 12<br>GREEN COVE SPRINGS FL 32043<br>DIRECTOR/SECRETARY | Title<br>Name<br>Address | DIRECTOR/VICE<br>PRESIDENT/TREASURER<br>WORSHAM, BOYD<br>120 BAY STREET<br>BOX 12 |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012152

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: JOANIE USRY

PRESIDENT

01/09/2024

FILED Jan 09, 2024

Electronic Signature of Signing Officer/Director Detail