

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004642

**Entity Name:** BAY SINGERS, INC.

**Current Principal Place of Business:**

4364 SANCTUARY WAY  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

4364 SANCTUARY WAY  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 26-4786725

**Certificate of Status Desired:** No

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

JANSON, PETER S  
4364 SANCTUARY WAY  
BONITA SPRINGS, FL 34134 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:** PETER JANSON

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JANSON, PETER  
Address        4364 SANCTUARY WAY  
City-State-Zip: BONITA SPRINGS FL 34134

Title           S  
Name           CHESELDINE, ADRIENNE  
Address        4751 BONITA BAY BLVD.  
                  #1505  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           ADAMS, WESTON  
Address        27115 KINDLEWOOD LN  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           MULLIGAN, SUSAN  
Address        27211 RIDGE LAKE CT  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           STOVER, RICHARD  
Address        45420SHELL RIDGE CT  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           JAKOBSEN, TORE  
Address        3530 THORNBURY LN  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR, PRESIDENT  
Name           JEFFERS, MARYLYN  
Address        3863 WOODLAKE DR.  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** PETER JANSON

**TREASURER**

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date