| 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT |
|---|
| DOCUMENT# N09964                                      |

### Entity Name: BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

7550 HINSON ST. ORLANDO, FL 32819

## **Current Mailing Address:**

7550 HINSON ST. OFFICE ORLANDO, FL 32819 US

# FEI Number: 59-2589820

# Name and Address of Current Registered Agent:

ADAMO, PHILIP T 2295 ADDISON AVE CLERMONT, FL 34711 US Feb 09, 2024 Secretary of State 5951392211CC

Certificate of Status Desired: Yes

FILED

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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

# **Officer/Director Detail :**

| Title           | PRESIDENT                  | Title           | VP                         |
|-----------------|----------------------------|-----------------|----------------------------|
| Name            | ANDREWS, JOHN S            | Name            | ALBRECHT, STEINBACH        |
| Address         | 7550 HINSON STREET<br>#10C | Address         | 7550 HINSON STREET<br>#5D  |
| City-State-Zip: | ORLANDO FL 32819           | City-State-Zip: | ORLANDO FL 32819-5189      |
| Title           | SECRETARY                  | Title           | TREASURER                  |
| Name            | ZELIN, MARCIA              | Name            | HALO, JOSEPH               |
| Address         | 7550 HINSON STREET<br>#8C  | Address         | 7550 HINSON STREET<br>#14D |
| City-State-Zip: | ORLANDO FL 32819-5189      | City-State-Zip: | ORLANDO FL 32819-5189      |
| Title           | DIRECTOR                   |                 |                            |
| Name            | HEGERMAN, BOB              |                 |                            |
| Address         | 7550 HINSON STREET<br>#9C  |                 |                            |
| City-State-Zip: | ORLANDO FL 32819-5189      |                 |                            |

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: JOHN S. ANDREWS

PRESIDENT

02/09/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date