

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007105

**Entity Name:** NORTH BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.**FILED**  
**May 31, 2023**  
**Secretary of State**  
**4600335815CC****Current Principal Place of Business:**1 BUCCANEER DR  
PANAMA CITY, FL 32404**Current Mailing Address:**1 BUCCANEER DR  
PANAMA CITY, FL 32404 US**FEI Number: 27-3145728****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PARKER, NIKA  
1 BUCCANEER DRIVE  
PANAMA CITY, FL 32404 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: NIKA PARKER****05/31/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	PARKER , NIKA
Address	1 BUCCANEER DR
City-State-Zip:	PANAMA CITY FL 32404

Title	VP
Name	MASTERS , JOY
Address	1 BUCCANEER DR
City-State-Zip:	PANAMA CITY FL 32404

Title	SECRETARY
Name	ALDRIDGE, LAUREN
Address	1 BUCCANEER DR
City-State-Zip:	PANAMA CITY FL 32404

Title	TREASURER
Name	SIMMONS, AMANDA
Address	1 BUCCANEER DR
City-State-Zip:	PANAMA CITY FL 32404

*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: SIMMONS, AMANDA****TREASURER****05/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date