

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N20619

**Entity Name:** BAY PINES CONDOMINIUM ASSOCIATION, UNIT 2, BUILDING  
TWO, INC.

**Current Principal Place of Business:**

9950 47TH AVE N  
#B108  
ST PETERSBURG, FL 33708

**Current Mailing Address:**

PO BOX 534  
BAY PINES, FL 33744 US

**FEI Number:** 59-2642257

**Certificate of Status Desired:** No

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

SUN TREE COMMUNITY MANAGEMENT  
9950 47TH AVE N  
ST PETERSBURG, FL 33708 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:** JEFF COUTURIER

06/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COUTURIER, JEFF  
Address PO BOX 534  
City-State-Zip: BAY PINES FL 33744

Title VP  
Name EICHELT, DANA  
Address PO BOX 534  
City-State-Zip: BAY PINES FL 33744

Title SECRETARY  
Name WELCH, VICKI  
Address PO BOX 534  
City-State-Zip: BAY PINES FL 33744

Title TREASURER  
Name ALEX, MICHAEL  
Address PO BOX 534  
City-State-Zip: BAY PINES FL 33744

Title DIR  
Name ODETTE, DONALD  
Address PO BOX 534  
City-State-Zip: BAY PINES FL 33744

*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:** JEFF COUTURIER

**PRESIDENT**

06/27/2021

Electronic Signature of Signing Officer/Director Detail

Date