

**2024 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:**

C/O SUNTREE COMMUNITY MANAGEMENT  
P.O BOX 534  
BAY PINES, FL 33744

**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  
C/O SUNTREE COMMUNITY MANAGEMENT  
P.O BOX 534  
BAY PINES, FL 33744 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

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EICHELT, DANA  
Address        C/O SUNTREE COMMUNITY  
                  MANAGEMENT  
                  P.O BOX 534  
City-State-Zip: BAY PINES FL 33744

Title            TREASURER  
Name            ALEX, MICHAEL  
Address        C/O SUNTREE COMMUNITY  
                  MANAGEMENT  
                  P.O BOX 534  
City-State-Zip: BAY PINES FL 33744

Title            DIRECTOR  
Name            KAUFFMAN, BURT  
Address        C/O SUNTREE COMMUNITY  
                  MANAGEMENT  
                  P.O BOX 534  
City-State-Zip: BAY PINES FL 33744

Title            SECRETARY  
Name            WELCH, VICKI  
Address        C/O SUNTREE COMMUNITY  
                  MANAGEMENT  
                  P.O BOX 534  
City-State-Zip: BAY PINES FL 33744

Title            VP  
Name            ODETTE, DONALD  
Address        C/O SUNTREE COMMUNITY  
                  MANAGEMENT  
                  P.O 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:** DANA EICHELT

PRESIDENT

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date