Electronic Signature of Signing Officer/Director Detail

#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9400006252

Entity Name: BAY HARBOR COMMUNITY ASSOCIATION, INC.

# Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135

# **Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US

# FEI Number: 65-0573124

## Name and Address of Current Registered Agent:

WEIDNER, RALPH L C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	DIRECTOR, VP	Title	DIRECTOR
Name	GAROFALO, BRIAN	Name	CHAUNER, DIANE JR.
Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200	Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR, PRESIDENT	Title	SECRETARY, DIRECTOR
Name	FISSEL, PAUL	Name	ARMSTRONG, ROBERT
Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200	Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	TREASURER, DIRECTOR		
Name	STOVER, RICHARD		
Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE COURT SUITE 200		

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: PAUL FISSEL

City-State-Zip: BONITA SPRINGS FL 34135

PRESIDENT

03/08/2021 Date

# FILED Mar 08, 2021 Secretary of State 7328108372CC

Certificate of Status Desired: No

Date