2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006252

Entity Name: BAY HARBOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

%GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0573124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS., 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   Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR		Title	VP, DIRECTOR
Name	COLWELL, DEAN		Name	MORGAN, GEORGE
Address	8910 TERRENE COURT, SUITE 200		Address	8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135		City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR		Title	VP, DIRECTOR
Name	FISSEL, PAUL		Name	BEITENMAN, NANCY
Address	8910 TERRENE COURT, SUITE 200		Address	8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135		City-State-Zip:	BONITA SPRINGS FL 34135
Title	SECRETARY, TREASURER, DIRECTOR			
Name	KNUTH, ROBERT			
Address	8910 TERRENE COURT, #200			
City-State-Zip:	BONITA SPRINGS FL 34135			

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: DEAN COLWELL   PRESIDENT   02/29/2016

      Electronic Signature of Signing Officer/Director Detail   Date