

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001118

FILED
Apr 29, 2014
Secretary of State
CC3965835441**Entity Name:** BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**%GULF BREEZE MGMT, SVCS., INC.
8910 TERRENE CT, STE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**%GULF BREEZE MGMT, SVCS., INC.
8910 TERRENE CT, STE 200
BONITA SPRINGS, FL 34135 US**FEI Number: 59-3434408****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEIDNER, RALPH L
%GULF BREEZE MGMT, SVCS., INC.
8910 TERRENE CT, STE 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 VD
Name ZAUN, DAVID
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title SD
Name MOHL, BRUCE
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title PD
Name GLENN, GARDNER S
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34134Title TD
Name CONLEY, RONALD
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title D
Name SHROYER, WILLIAM D
Address 8910 TERRENE COURT, SUITE 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: GARDNER S. GLENN**PRESIDENT****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date