

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001118

FILED
May 14, 2019
Secretary of State
8476497307CC

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 PD
Name ZAUN, DAVID
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title SD
Name MOHL, BRUCE
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR
Name GOODFELLOW, PETER F.
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name KIPP, THOMAS
Address %GULF BREEZE MGMT, SVCS., INC.
8910 TERRENE CT, STE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR
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: DAVID ZAUN

PRESIDENT

05/14/2019

Electronic Signature of Signing Officer/Director Detail

Date