

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001118

**FILED**  
**Apr 10, 2020**  
**Secretary of State**  
**5677190718CC****Entity Name:** BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT STE. 200  
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT 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  
C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT 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	PRESIDENT, DIRECTOR
Name	ZAUN, DAVID
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY, DIRECTOR
Name	MOHL, BRUCE
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP, DIRECTOR
Name	GOODFELLOW, PETER F.
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	KIPP, THOMAS
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER, DIRECTOR
Name	SHROYER, WILLIAM D
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT STE. 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****04/10/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date