2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735083

Entity Name: BLIND PASS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 28, 2025
Secretary of State
9074844094CC

Current Principal Place of Business:

C/O ISLAND MANAGEMENT 711 TARPON BAY ROAD SANIBEL, FL 33957

Current Mailing Address:

C/O ISLAND MANAGEMENT PO BOX 100 SANIBEL, FL 33957

FEI Number: 59-1740802 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ISLAND MANAGEMENT C/O ISLAND MANAGEMENT 711 TARPON BAY ROAD SANIBEL, FL 33957 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: STEPHEN LODWICK 04/28/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title VF

NameENGDAHL, DEANNameEGAN, RICHARDAddress711 TARPON BAY RDAddress711 TARPON BAY RDCity-State-Zip:SANIBEL FL 33957City-State-Zip:SANIBEL FL 33957

Title PRESIDENT Title DIRECTOR

Name OLIVER, KITTY Name NEUPERT, ERICH

Address C/O ISLAND MANAGEMENT Address 711 TARPON BAY RD PO BOX 100 City State 7 to CANUBEL EL 20057

City-State-Zip: SANIBEL FL 33957

Title DIRECTOR ... ______

Name BRAATZ, RICHARD

Address C/O ISLAND MANAGEMENT 711 TARPON BAY RD 711 TARPON BAY RD.

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title SECRETARY

Name SHEER, KATHRYN

Address C/O ISLAND MANAGEMENT

711 TARPON BAY ROAD

City-State-Zip: SANIBEL FL 33957

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: KITTY OLIVER PRESIDENT 04/28/2025