

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735083

Entity Name: BLIND PASS CONDOMINIUM ASSOCIATION, INC.**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:**LODWICK, STEPHEN
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

04/12/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR, TREASURER
Name HOLLARS, WILLIAM E
Address 711 TARPON BAY RD
City-State-Zip: SANIBEL FL 33957Title VP
Name EGAN, RICHARD
Address 711 TARPON BAY RD
City-State-Zip: SANIBEL FL 33957Title PRESIDENT
Name DISLER, MIKE
Address 711 TARPON BAY RD
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name NEUPERT, ERICH
Address 711 TARPON BAY RD
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name BRAATZ, RICHARD
Address 711 TARPON BAY RD
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name TOWBIN, DEENA
Address C/O ISLAND MANAGEMENT
711 TARPON BAY RD.
City-State-Zip: SANIBEL FL 33957Title 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: MIKE DISLER

PRESIDENT

04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date