

**2023 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

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title           TREASURER  
Name           ENGDAHL, DEAN  
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

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date