

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2019
Secretary of State
6301537403CC

Entity Name: BAC BAY HEALTH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912

Current Mailing Address:

C/O P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912 US

FEI Number: 90-0014341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAPP, PAUL L
C/O P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912 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: PAUL L. SAPP

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name SAMSON, KEITH
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

Title VP, DIRECTOR
Name FIGUEROA, CANDIDO
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY, TREASURER,
 DIRECTOR
Name CAVANAUGH, SUSAN
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name DEMORE, DONALD
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name LEASK, LEO
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

Title OTHER
Name BOLINGER, KEVIN D
Address C/O P & M PROPERTY MANAGEMENT
 14360 S TAMIAMI TRAIL UNIT B
City-State-Zip: FORT MYERS FL 33912

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: KEVIN D BOLINGER

**COMMUNITY
ASSOCIATION MANAGER**

04/08/2019

