

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005554

**Entity Name:** APALACHICOLA BAY COLONY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC9924676726**

**Current Principal Place of Business:**

134 BAY COLONY WAY  
APALACHICOLA, FL 32329

**Current Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328

**FEI Number: 73-1707737**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES  
1914 SUNSET DRIVE  
ST. GEORGE ISLAND, FL 32328 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 VP  
Name BLOODWORTH, RONALD  
Address 161 BAY COLONY WAY  
City-State-Zip: APALACHICOLA FL 32320

Title P  
Name GILBERT, SAM  
Address 224 FRANKLIN BLVD.  
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title DIRECTOR  
Name ARMISTEAD, WALTER  
Address 224 FRANKLIN BOULEVARD  
City-State-Zip: ST. GEORGE ISLAND FL 32328

*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: SAM GILBERT**

**P**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date