

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004568

**Entity Name:** BAYPOINTE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 01, 2022**  
**Secretary of State**  
**0933890961CC**

**Current Principal Place of Business:**

2695 DOBBS ROAD  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

2695 DOBBS ROAD  
SAINT AUGUSTINE, FL 32086 US

**FEI Number: 83-4629693**

**Certificate of Status Desired: No**

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

CHAPMAN, CINDY S  
2695 DOBBS ROAD  
SAINT AUGUSTINE, FL 32086 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: CINDY S CHAPMAN**

**04/01/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STRYCHARZ, PATRICK  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP  
Name SESSAIAH, KENNEDY  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SD  
Name PRINCE, KEELY  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title MANAGER  
Name CHAPMAN, CINDY  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title TD  
Name BATISTA, ARIEL  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D  
Name HARRIS, SHANNON  
Address 2695 DOBBS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

*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: CINDY CHAPMAN**

**MGR**

**04/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date