

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46697

**FILED  
Jan 07, 2014  
Secretary of State  
CC7914238388**

**Entity Name:** BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 US

**FEI Number: 59-3150604**

**Certificate of Status Desired: No**

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

BALISTRERI, JOEL M  
26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 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 DP  
Name BALISTRERI, JOEL M  
Address 26 BAYBRIDGE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title DT  
Name BALISTRERI, ROBIN R  
Address 26 BAYBRIDGE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name BALISTRERI, JOEL M  
Address 26 BAYBRIDGE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

*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: JOEL BALISTRERI**

**PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date