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		
Officer/Director Detail :			
Title	DP	Title	DT
Name	BALISTRERI, JOEL M	Name	BALISTRERI, ROBIN R
Address	26 BAYBRIDGE DRIVE	Address	26 BAYBRIDGE DRIVE
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	GULF BREEZE FL 32561

26 BAYBRIDGE DRIVE

GULF BREEZE. FL 32561 US

Current Principal Place of Business:

FEI Number: 59-3150604

Current Mailing Address:

DOCUMENT# N46697

26 BAYBRIDGE DRIVE GULF BREEZE, FL 32561

Name and Address of Current Registered Agent:

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

BALISTRERI, JOEL M 26 BAYBRIDGE DRIVE GULF BREEZE, FL 32561 US

D

BALISTRERI, JOEL M

26 BAYBRIDGE DRIVE GULF BREEZE FL 32561

Title

Name

Address

City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

FILED Jan 26, 2016 Secretary of State CC3041562678

Certificate of Status Desired: No

Date

01/26/2016

Date

PRESIDENT

SIGNATURE: JOEL BALISTRERI