

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002051

Entity Name: BOBCAT VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2001 LYNX RUN
NORTH PORT, FL 34288**Current Mailing Address:**C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number:** 59-3566150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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	P
Name	SPERDUTO, LOUIS
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	LIESMANN, JEAN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	BAILLIE, GEORGE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S/T
Name	MASON, SUANNE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	BUGBEE, BARBARA
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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: SUANNE MASON

S

04/06/2023

Electronic Signature of Signing Officer/Director Detail_____
Date