2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2015
Secretary of State
CC1781322376

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Entity Name: SOUTH BAYVIEW ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5127 COLLINGSWOOD BLVD
PORT CHARLOTTE, FL 33948

Current Mailing Address:

5127 COLLINGSWOOD BLVD
PORT CHARLOTTE, FL 33948 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARB, JACK
5127 COLLINGSWOOD BLVD
PORT CHARLOTTE, FL 33948 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: JACK ARB 01/23/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	ARB, JACK
Address	5127 COLLINGSWOOD BLVD
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	PRESIDENT, PRESIDENT
Name	FERRIOLA, LEE ANN
Address	17219 OHARA DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	VENKAT, RAMANAN
Address	17525 OHARA DR
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	LYONS, LAURIE
Address	17359 OHARA
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VPD
Name	BERNSTEIN, JULES M
Address	17549 OHARA
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	MAUTI, HERMAN R
Address	17329 O'HARA DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	SD
Name	FERRIS, CONNIE
Address	17209 OHARE
City-State-Zip:	PORT CHARLOTTE FL 33948

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: JACK ARB TREASURER 01/23/2015

Electronic Signature of Signing Officer/Director Detail — Date