

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007031

**Entity Name:** SOUTH BAYVIEW ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**17209 OHARA DRIVE  
PORT CHARLOTTE, FL 33948**Current Mailing Address:**17209 OHARA DRIVE  
PORT CHARLOTTE, FL 33948 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERRIS , CONNIE  
17209 OHARA DRIVE  
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:** CONNIE FERRIS

01/31/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name MAUTI, HERMAN R  
Address 17329 O'HARA 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 TREASURER  
Name FERRIS, CONNIE  
Address 17209 OHARA DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title SECRETARY  
Name STEFANIW, ALEXANDRA  
Address 5035 COLLINGSWOOD BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33948

Title VP  
Name PENTELECUC, KURT  
Address 5043 COLLINGSWOOD BLVD  
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:** CONNIE FERRIS

TREASURER

01/31/2018

Electronic Signature of Signing Officer/Director Detail

Date