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: WILLIAM J MATHIAS

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent - 4 - 11

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.

Officer/Director Detail :					
	Title	DP	Title	DT	
	Name	ENGLISH, ROB	Name	MOTTLE, FREDERICK V	
	Address	5135 BANANA POINT DR	Address	5101 BANANA POINT DR	
	City-State-Zip:	OKAHUMPKA FL 34762	City-State-Zip:	OKAHUMPKA FL 34762	
	Title	DIRECTOR			
	Name	MATHIAS, WILLIAM J			
	Address	5117 BANANA POINT DR			
	City-State-Zip:	OKAHUMPKA FL 34762			

SIGNATURE:

Officer/Director Detail :					
ītle	DP	Title	DT		
lame	ENGLISH, ROB	Name	MOTTLE, FREDERICK		
ddress	5135 BANANA POINT DR	Address	5101 BANANA POINT D		
City-State-Zip:	OKAHUMPKA FL 34762	City-State-Zip:	OKAHUMPKA FL 3476		
ītle	DIRECTOR				
Jame	MATHIAS, WILLIAM J				

## Name and Address of Current Registered Agent:

FEI Number: 59-3318647

MATHIAS, WILLIAM J 5117 BANANA POINT DR OKAHUMPKA, FL 34762 US

**Current Principal Place of Business: 5117 BANANA POINT DRIVE** OKAHUMPKA, FL 34762

**Current Mailing Address: 5117 BANANA POINT DRIVE** OKAHUMPKA. FL 34762 US

DOCUMENT# N9500002535

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BANANA POINT HOMEOWNERS ASSOCIATION, INC.

Certificate of Status Desired: No

Date

02/06/2023

FILED Feb 06, 2023 Secretary of State 0421653147CC

DIRECTOR

Date