

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735668

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** BAY ISLES ASSOCIATION, INC.

**Current Principal Place of Business:**

BETH CALLANS MGMT CORP.  
595 BAY ISLES RD SUITE #200  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

BETH CALLANS MGMT CORP.  
595 BAY ISLES RD SUITE #200  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 59-1695122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETH CALLANS MGMT CORP  
595 BAY ISLES RD SUITE 200  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** SPOLL, GEORGE  
**Address:** 1900 HARBOURSIDE DRIVE #104  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** D  
**Name:** COYNE, ROBERT  
**Address:** 3070 GRAND BAY BLVD, 635  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** TD  
**Name:** MEDVIN, HENRY  
**Address:** 3455 WINDING OAKS DR  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** D  
**Name:** BLUEGLASS, MURRAY  
**Address:** 3506 MISTLETOE LANE  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** SD  
**Name:** JACOBS, FRED  
**Address:** 2214 HARBOUR CT. DR.  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** P  
**Name:** LEVINE, WILLIAM  
**Address:** 604 WESTON POINTE CT.  
**City-St-Zip:** LONGBOAT KEY, FL 34228

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 LEVINE

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date