Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 735668

Entity Name: BAY ISLES ASSOCIATION, INC.

## **Current Principal Place of Business:**

9031 TOWN CENTER PARKWAY BRADENTON, FL 34202

## **Current Mailing Address:**

595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228 US

# FEI Number: 59-1695122

# Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 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

## Officer/Director Detail

Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	SIMMONS, ROBERT	Name	BLUEGRASS, MURRAY	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWAY	
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202	
Title	TREASURER	Title	AS	
Name	GORMAN, KEN	Name	WILSON, DOUGLAS	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWAY	
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202	
Title	SECRETARY	Title	DIRECTOR	
Name	COYNE, ROBERT	Name	SPOLL, GEORGE	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWAY	
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202	
Title	DIRECTOR	Title	DIRECTOR	
Name	TOBIN, ROBERT	Name	WHITNEY, BLAKE	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWAY	
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202	

## Continues on page 2

ASSISTANT SECRETARY

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: DOUGLAS E WILSON

Date

Certificate of Status Desired: No

04/05/2018 Date

### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	NOTARI, TERRI	Name	RAINVILLE, WILLIAM
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202