

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

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**Certificate of Status Desired:** No**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

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMMONS, ROBERT  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            TREASURER  
Name            GORMAN, KEN  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            SECRETARY  
Name            COYNE, ROBERT  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            DIRECTOR  
Name            TOBIN, ROBERT  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            VP  
Name            BLUEGRASS, MURRAY  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            AS  
Name            WILSON, DOUGLAS  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            DIRECTOR  
Name            SPOLL, GEORGE  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            DIRECTOR  
Name            WHITNEY, BLAKE  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

**Continues on page 2**

*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**ASSISTANT SECRETARY    04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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