SIGNATURE: MATHEW D WILSON

Electronic Signature of Signing Officer/Director Detail

Entity Name: BAY ISLES ASSOCIATION, INC.

Current Principal Place of Business:

9031 TOWN CENTER PARKWAY BRADENTON, FL 34202

Current Mailing Address:

C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1 BRADENTON, FL 34202 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

... Datall

Officer/Director Detail :					
Title	ASST. SECRETARY	Title	PRESIDENT		
Name	WILSON, MATHEW D	Name	REISER, JOSEPH		
Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1	Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1		
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202		
Title	VP	Title	SECRETARY		
Name	DEMING, PHILIP	Name	GELLER, ANDREW		
Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1	Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1		
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202		
Title	DIRECTOR	Title	TREASURER		
Name	ST. HILAIRE, BEVERLY	Name	COOPER, MARTIN		
Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1	Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1		
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202		
Title	SECRETARY	Title	DIRECTOR		
The	SECRETARY	The	DIRECTOR		
Name	FOSSON, JULIA	Name	JANNUZZO, JEFFREY		
Address	C/O ADVANCED MANAGEMENT, LLC	Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1		
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City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202		

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ASST. 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.

FILED Apr 30, 2024 Secretary of State 2718571934CC

Certificate of Status Desired: No

04/30/2024 Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MAILLIARD, MICHAEL	Name	KASDAN, PETER
Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1	Address	C/O ADVANCED MANAGEMENT, LLC 9031 TOWN CENTER PARKWAY1
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202