

2019 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 NOTARI, TERRY
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: BRADENTON FL 34202

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

Title VP
Name WHITNEY, BLAKE
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 HALL, LARRY
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: WILSON , DOUGLAS**ASSISTANT SECRETARY 03/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUERCKHEIM, KUNO VON
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: BRADENTON FL 34202

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