

**2021 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            ASST. SECRETARY  
Name            WILSON, MATHEW D  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title            VP  
Name            NOTARI, TERRY  
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            TREASURER  
Name            URBAN, WILLIAM  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

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

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

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

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*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 MATHEW D

**ASST. SECRETARY**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ST. HILAIRE, BEVERLY  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

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