

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736710

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**6213878054CC**

**Entity Name:** BARRATARIA ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

160 CYPRESS POINT PARKWAY  
C207  
PALM COAST, FL 32164

**Current Mailing Address:**

160 CYPRESS POINT PARKWAY  
C207  
PALM COAST, FL 32164 US

**FEI Number:** 59-2377635

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, ASHLEY  
160 CYPRESS POINT PARKWAY  
C207  
PALM COAST, FL 32164 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:** ASHLEY MOORE

02/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LAQUIDARA, JIM  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title SECRETARY  
Name COCHRAN, DENISE  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name STERRITT, JAY  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title TREASURER  
Name TATOUL, STEVEN  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title PRESIDENT  
Name PATERNOSTER, RICK  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name MCKENNA, BILL  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MANNING, KEN  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

Title MANAGER  
Name MOORE, ASHLEY  
Address 160 CYPRESS POINT PARKWAY  
C207  
City-State-Zip: PALM COAST FL 32164

*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:** ASHLEY MOORE

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date