

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752930

**Entity Name:** MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**9226613613CC**

**Current Principal Place of Business:**

C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
PALM HARBOR, FL 34683

**Current Mailing Address:**

C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
PALM HARBOR, FL 34683 US

**FEI Number: 59-3062156**

**Certificate of Status Desired: No**

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

BAY MANAGEMENT, INC.  
2445 TAMPA ROAD  
SUITE B  
PALM HARBOR, FL 34683 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 P  
Name BALLENTINE JR, ROBERT  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title VP  
Name CAPONE, PETER  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title S  
Name CHIDESTER, PHOEBE  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name LOUNDS, RANDY  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name FOLSOM, DAVID  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name PETTI, MARIE A.  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title TREASURER  
Name BROWN, LARRY  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name ELLIOTT, TOM  
Address C/O BAY MANAGEMENT INC  
2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683

**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: ROBERT B BALLENTINE JR**

**PRESIDENT**

**04/11/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SIEFERT, LYNN  
Address        C/O BAY MANAGEMENT INC  
                  2445 TAMPA ROAD SUITE B  
City-State-Zip: PALM HARBOR FL 34683