

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754850

Entity Name: BAY STATE SOUTH COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**620 PARK STREET
EUSTIS, FL 32726**Current Mailing Address:**PO BOX 1658
LADY LAKE, FL 32158-1658 US**FEI Number:** 59-2089606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHROTH, DEREK A
600 JENNINGS AVENUE
EUSTIS, FL 32726 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 SECRETARY
Name RICHTER, ARLENE R
Address 624 PARK STREET
City-State-Zip: EUSTIS FL 32726

Title VP
Name SHEPPARD, KATHRYN
Address 620 PARK STREET
City-State-Zip: EUSTIS FL 32726

Title PRESIDENT
Name TUBBS, NICOLE J.
Address 603 BROOKLINE AVENUE
City-State-Zip: EUSTIS FL 32726

Title TREASURER
Name ROMAN, MARIA
Address 2717 BEACON STREET
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name GIDDENS, BOBBY J
Address 2801 HARDENBERGH LANE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name SMITH, GEORGE E
Address 706 HARVARD COURT
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name HULING, MARK
Address 3015 HARDENBERGH LANE
City-State-Zip: EUSTIS FL 32726

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: NICOLE J. TUBBS**PRESIDENT****03/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date