

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002179

Entity Name: BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 02, 2021
Secretary of State
3953223477CC**Current Principal Place of Business:**C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750**Current Mailing Address:**C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 US**FEI Number:** 03-0454886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HMI
C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 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:** LORIE FULKES

03/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MCGOWAN, GREGORY
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	WENGERT, ALLISON
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER, SECRETARY
Name	LIM, ABRAHAM
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	OWENS, BARBARA G
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

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: GREGORY MCGOWAN

PRESIDENT

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date