DOCUMENT# N09468

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PLAYERS CLUB ON THE BAY, INC.

## **Current Principal Place of Business:**

COMMUNITY MANAGEMENT ASSOCIATES INC. 36468 EMERALD COAST PKWY 2101 DESTIN, FL 32541

## **Current Mailing Address:**

COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128 ATLANTA, GA 30318 US

## FEI Number: 59-2543489

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT ASSOCIATES INC. COMMUNITY MANAGEMENT ASSOCIATES INC. 36468 EMERALD COAST PKWY 2101 DESTIN, FL 32541 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	I JAMES H. DEVLIN			04/22/2024
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	BOARD MEMBER	Title	PRESIDENT	
	Name	BURNS, DEBRA	Name	CIBULAS, GEORGE	
	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	
	City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318	
	Title	BOARD MEMBER	Title	AGENT	
	Name	GRIM, JIM	Name	DEVLIN, JAMES H.	
	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	
	City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318	
	Title	VP	Title	TREASURER	
	Name	ZEMIS, KRISTIN	Name	DELANEY, MICHAEL	
	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	
	City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318	
	Title	BOARD MEMBER	Title	SECRETARY	
	Name	ALLEN, SCOTT B	Name	SCHUPPERT , KEN	
	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	
	City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318	

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: JAMES H DEVLIN

FILED

Certificate of Status Desired: Yes

04/22/2024