Entity Name: BACCIANO I AT ESPLANADE LAKEWOOD RANCH CONDOMINIUM ASSOCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

551 NORTH CATTLEMEN ROAD SUITE 200 SARASOTA, FL 34232

DOCUMENT# N1600006312

## **Current Mailing Address:**

551 NORTH CATTLEMEN ROAD SUITE 200 SARASOTA, FL 34232 US

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

## **Officer/Director Detail :**

Oncer/Director Detail.				
Title	PRESIDENT, DIRECTOR	Title	VP, TREASURER, DIRECTOR	
Name	STITH, NATHAN	Name	SENICA, CARL	
Address	551 NORTH CATTLEMEN ROAD SUITE 200	Address	551 NORTH CATTLEMEN ROAD SUITE 200	
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	
Title	VP	Title	VP, SECRETARY, DIRECTOR	
Title Name	VP LONGENECKER, CAMMIE LARHAE	Title Name	VP, SECRETARY, DIRECTOR PAINTER, ADAM	
			, ,	
Name	LONGENECKER, CAMMIE LARHAE 551 NORTH CATTLEMEN ROAD	Name	PAINTER, ADAM 551 NORTH CATTLEMEN ROAD	

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: NATHAN STITH

PRESIDENT

02/18/2019

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 18, 2019 Secretary of State 8288440309CC

Certificate of Status Desired: No

Date