

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N16000006312

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

**FILED  
Sep 09, 2018  
Secretary of State  
CC1562455428**

**Current Principal Place of Business:**

551 NORTH CATTLEMEN ROAD  
SUITE 200  
SARASOTA, FL 34232

**Current Mailing Address:**

551 NORTH CATTLEMEN ROAD  
SUITE 200  
SARASOTA, FL 34232 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR

Name            MILLER, ANDREW ("DREW")

Address        551 NORTH CATTLEMEN ROAD  
                 SUITE 200

City-State-Zip: SARASOTA FL 34232

Title            VP

Name            LONGENECKER, CAMMIE LARHAE

Address        551 NORTH CATTLEMEN ROAD  
                 SUITE 200

City-State-Zip: SARASOTA FL 34232

Title            VP, TREASURER, DIRECTOR

Name            FULMER, RYAN

Address        551 NORTH CATTLEMEN ROAD  
                 SUITE 200

City-State-Zip: SARASOTA FL 34232

Title            VP, SECRETARY, DIRECTOR

Name            PAINTER, ADAM

Address        551 NORTH CATTLEMEN ROAD  
                 SUITE 200

City-State-Zip: SARASOTA FL 34232

*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: CAMMIE LARHAE LONGENECKER**

**VICE PRESIDENT**

**09/09/2018**

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

\_\_\_\_\_  
Date