# SIGNATURE: JENNIFER B. COMPTON

Electronic Signature of Signing Officer/Director Detail

#### 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N16000010278

Entity Name: THE BAY PARK CONSERVANCY, INC.

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

655 N. TAMIAMI TRL SARASOTA, FL 34236

### **Current Mailing Address:**

655 N. TAMIAMI TRL SARASOTA, FL 34236 US

## FEI Number: 81-4653473

#### Name and Address of Current Registered Agent:

SIGNATURE: JENNIFER B. COMPTON

TURNER, LESLIE

above, or on an attachment with all other like empowered.

655 N. TAMIAMI TRL

SARASOTA FL 34236

SARASOTA FL 34236

COMPTON, JENNIFER B. 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236 US

Title

Name

Address

City-State-Zip:

City-State-Zip:

D

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.

		Electronic Signature of Registered Agent			Date		
	Officer/Dire						
Officer/Director Detail :							
	Title	D	Title	PD			
	Name	GAMELIN, TONY	Name	COMPTON, JENNIFER B.			
	Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL			
	City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236			
	<b>T</b> :41 -		Title	D			
	Title	D	The	D			
	Name	DUBOSE, KEITH	Name	KLAUBER, MICHAEL			
	Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL			
	City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236			
				0.5			
	Title	TD	Title	SD			
	Name	LANE, ROBERT J.	Name	WALSH, EMILY			
	Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL			

# Continues on page 2

City-State-Zip:

City-State-Zip:

Title

Name

Address

SARASOTA FL 34236

DE QUESADA, CARLOS

655 N. TAMIAMI TRL

SARASOTA FL 34236

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

PRESIDENT

D

#### 07/28/2023

Date

# FILED Jul 28, 2023 Secretary of State 1077479523CC

07/28/2023

Certificate of Status Desired: No

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

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	CEO
Name	HINES, CHARLES	Name	CROCKATT, STEPHANIE
Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
Title	C00	Title	DIRECTOR OF OPERATIONS
Name	WADDILL, WILLIAM	Name	KITSON, DERICK
Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
Title	D	Title	CFO
Name	JACKSON, JEFF	Name	GERMAINE, STEVE
Address	655 N. TAMIAMI TRL	Address	655 N. TAMIAMI TRL
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236