

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18555

Entity Name: BAY INDIES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**419 ANDROS
VENICE, FL 34285**Current Mailing Address:**419 ANDROS
VENICE, FL 34285 US**FEI Number:** 59-2498330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P A
1511 NORTH WESTSHORE BLVD
SUITE 1000
TAMPA, FL 33607 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
Name	NORVILLE, ANN
Address	432 BIMINI
City-State-Zip:	VENICE FL 34285

Title	TREASURER
Name	FERGUSON, ROBERT L
Address	419 ANDROS
City-State-Zip:	VENICE FL 34285

Title	1ST VICE PRESIDENT
Name	CAIRNS, CHRISTINE
Address	920 NOGONA W
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	LANG, ROGER
Address	1307 S IINDIES
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	FOX, DONNA
Address	961 YBOR E
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	WELDON, PAUL
Address	1272 S INDIES CIRCLE
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	GORMLEY, KATHLEEN L
Address	921 SAND CAY W
City-State-Zip:	VENICE FL 34285

Title	EXECUTIVE SECRETARY
Name	BUNCIK, PATTY
Address	969 MONTEGO E
City-State-Zip:	VENICE FL 34285

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: KATHLEEN GORMLEY

DIRECTOR

03/31/2022

Electronic Signature of Signing Officer/Director Detail_____
Date