

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18555

Entity Name: BAY INDIES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**921 SAND CAY W
VENICE, FL 34285**Current Mailing Address:**921 SAND CAY W
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	ALEXANDER, GEORGE
Address	974 GUADELOUPE AVE
City-State-Zip:	VENICE FL 34285

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

Title	1ST VICE PRESIDENT
Name	SASS, JOAN
Address	921 QUESTA AVE W
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	TREMONTO, TONY
Address	428 BIMINI AV
City-State-Zip:	VENICE FL 34285

Title	2ND VICE PRESIDENT
Name	KEKEL, SUSAN
Address	990 WINDEMERE AV EAST
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	MC CALL, JOHN
Address	927 HAITI AV WEST
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	LANG, JANE
Address	1307 S INDIES CIRCLE
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	CLARK, DN
Address	1183 JUANITA CIRCLE
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

TREASURER

03/18/2019

Electronic Signature of Signing Officer/Director Detail_____
Date