

2020 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 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

Title DIRECTOR
Name NORVILLE, ANN
Address 432 BIMINI AVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name WELDON, PAUL
Address 1272 S INDIES 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

01/28/2020

Electronic Signature of Signing Officer/Director Detail_____
Date