

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18555

Entity Name: BAY INDIES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**895 ZACAPA AVE
VENICE, FL 34285**Current Mailing Address:**895 ZACAPA AVE
VENICE, FL 34285 US**FEI Number:** 59-2498330**Certificate of Status Desired:** Yes**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 CO-PRES
Name ALEXANDER, GEORGE
Address 974 GUADELOUPE AVE
City-State-Zip: VENICE FL 34285

Title CO-PRESIDENT
Name LOVELACE, RICHARD
Address 895 ZACAPA AVE
City-State-Zip: VENICE FL 34285

Title TREASURER
Name BURNETTE, RONALD
Address 1261 N. INDIES CIR
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name WASSERMAN, VERONICA
Address 956 ZACAPA AV
City-State-Zip: VENICE FL 34285

Title D
Name CURRAN, HENRY
Address 1249 N. INDIES CIR
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name COLGAN, BARBARA
Address 949 QUESTA AVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FOSTER, JAY
Address 939 NOGOYA
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name GREG , SCHWARTZ
Address 978 SAND CAY AVE
City-State-Zip: VENICE FL 34285

Continues on page 2

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: RONALD BURNETTE**TREASURER****01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SASS, JOAN
Address	921 QUESTA AVE
City-State-Zip:	VENICE FL 34285