

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18555

**Entity Name:** BAY INDIES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**978 QUESTA AVE  
VENICE, FL 34285**Current Mailing Address:**978 QUESTA AVE  
VENICE, FL 34285 US**FEI Number:** 59-2498330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P A  
311 PARK PLACE BLVD  
SUITE #250  
CLEARWATER, FL 33759 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 PRES  
Name PINZONE, ANTHONY  
Address 978 QUESTA AVE  
City-State-Zip: VENICE FL 34285

Title 1VP  
Name ALEXANDER, GEORGE  
Address 921 MONTEGO AV WEST  
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 COLANDRIA, DANIEL  
Address 912 DESIRADE AVE  
City-State-Zip: VENICE FL 34285

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

Title DIRECTOR  
Name LOSCHEN, KAREN  
Address 970 QUESTA AVE  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name TREMONTO, ANTHONY  
Address 956 ROSEAU  
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

03/09/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WEIS, PATRICIA
Address	1264 N. INDIES CIR
City-State-Zip:	VENICE FL 34285