

**2016 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:** 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 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 KRUSE, CARL M TREASURER  
Address 962 ELEUTHERA EAST  
City-State-Zip: VENICE FL 34285

Title 1ST VICE PRESIDENT  
Name WASSERMAN, VERONICA  
Address 956 ZACAPA AV  
City-State-Zip: VENICE FL 34285

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

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

Title DIRECTOR  
Name PETRUZZI, RICK  
Address 930 CAYMAN AV WEST  
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:** CARL M KRUSE

TREASURER

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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