

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009341

**Entity Name:** ISLES AT BAYVIEW HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

14025 RIVEREDGE DRIVE, SUITE 175  
TAMPA, FL 33637

**Current Mailing Address:**

14025 RIVEREDGE DRIVE, SUITE 175  
TAMPA, FL 33637 US

**FEI Number: 85-2758149**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A.  
401 EAST JACKSON STREET, SUITE 2100  
TAMPA, FL 33602 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 PD  
Name JAMES HARVEY  
Address 14025 RIVEREDGE DRIVE, SUITE 175  
City-State-Zip: TAMPA FL 33637

Title SECRETARY, DIRECTOR  
Name GREG MEATH  
Address 14025 RIVEREDGE DRIVE, SUITE 175  
City-State-Zip: TAMPA FL 33637

Title VP, DIRECTOR  
Name CANDICE SMITH  
Address 14025 RIVEREDGE DRIVE, SUITE 175  
City-State-Zip: TAMPA FL 33637

Title TREASURER, DIRECTOR  
Name PAINTER, ADAM  
Address 14025 RIVEREDGE DRIVE  
SUITE 175  
City-State-Zip: TAMPA FL 33637

Title ASST. SECRETARY, DIRECTOR  
Name MARTIN, PAUL  
Address 14025 RIVEREDGE DRIVE  
SUITE 175  
City-State-Zip: TAMPA FL 33637

*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: CANDICE SMITH**

**VICE PRESIDENT**

**04/30/2021**

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

\_\_\_\_\_  
Date