## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000739

Entity Name: BAY MAGNOLIA OWNERS ASSOCIATION, INC.

FILED
Mar 18, 2018
Secretary of State
CC1008196432

## **Current Principal Place of Business:**

2441 U S HWY 98 W STE 101

012 101

SANTA ROSA BCH, FL 32459

## **Current Mailing Address:**

2441 U S HWY 98 W

**STE 101** 

SANTA ROSA BCH, FL 32459 US

FEI Number: 04-3775589 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT SERVICES, LLC 2441 U S HWY 98 W STE 101

SANTA ROSA BCH, FL 32459 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: WALTER R PRITCHETT 03/18/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D, V Title D, P

Name KIMBALL, ADAM Name SMITH, LINDA

Address 2441 U S HWY 98 W Address 2441 U S HWY 98 W

STE 101 STE 101

City-State-Zip: SANTA ROSA BCH FL 32459 City-State-Zip: SANTA ROSA BCH FL 32459

Title D, S Title D, T

Name O'CONNELL, RUARY Name COLEMAN, AMY

Address 2441 U S HWY 98 W Address 2441 U S HWY 98 W STE 101 STE 101

L IUI SIL I

City-State-Zip: SANTA ROSA BCH FL 32459 City-State-Zip: SANTA ROSA BCH FL 32459

Title D

Name ROOKIS, JULIE

Address 2441 U S HWY 98 W

STE 101

City-State-Zip: SANTA ROSA BCH FL 32459

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: LINDA SMITH DIRECTOR 03/18/2018