

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705784

Entity Name: BAY AREA APARTMENT ASSOCIATION, INC.**Current Principal Place of Business:**19031 N. DALE MABRY HWY.
LUTZ, FL 33548**Current Mailing Address:**19031 N. DALE MABRY HWY.
LUTZ, FL 33548 US**FEI Number: 59-1590814****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCMILLAN, JOHN
5309 E. BUSCH BLVD
TEMPLE TERRACE, FL 33617 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 IMMEDIATE PAST PRESIDENT
Name PETRAS, JORDAN
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title PRESIDENT
Name KOBACK, CHRIS
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title VP
Name CHESTNUT, JIMMY
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title SECRETARY
Name MILENKEVICH, WENDY
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title ED
Name MILLAN, CECILY
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title ASSOCIATES PRESIDENT
Name FROST, JUSTIN
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

Title TREASURER
Name THOMPSON, JAY
Address 19031 N. DALE MABRY HWY.
City-State-Zip: LUTZ FL 33548

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: CECILY MILLAN**EXECUTIVE DIRECTOR****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date