

**2013 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: 23-7099614****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	PPD
Name	TRUESDALE, SUSAN
Address	1350 SEAGATE DR
City-State-Zip:	PALM HARBOR FL 34685

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

Title	D
Name	INGRASSIA, FRANK
Address	3602 CARROLLWOOD PLACE
City-State-Zip:	TAMPA FL 33624

Title	PPD
Name	ROSENWASSER, MARC
Address	3347 W. BEARSS AVENUE
City-State-Zip:	TAMPA FL 33618

Title	PPD
Name	GRIFFITHS, ROBERT
Address	POST OFFICE BOX 26162
City-State-Zip:	TAMPA FL 33623

Title	PPD
Name	FREDLUND, CINDY
Address	5100 W. LEMON ST #209.
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT
Name	HAMMOND, DANA
Address	4030 W. BOY SCOUT BLVD #800
City-State-Zip:	TAMPA FL 33607

*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: NENA GANG****EXECUTIVE VICE  
PRESIDENT****04/30/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date