2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 705784

Entity Name: BAY AREA APARTMENT ASSOCIATION, INC.

FILED
May 31, 2017
Secretary of State
CC7332873551

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:

#250

Title PRESIDENT Title ED

Name PETRAS, JORDAN Name MILLAN, CECILY

Address 9902 BROMPTON DRIVE Address 19031 N. DALE MABRY HWY.

City-State-Zip: TAMPA FL 33626 City-State-Zip: LUTZ FL 33548

Title SECRETARY Title PPD

NameCOLETTI, AMYNameROSENWASSER, MARCAddress3347 W. BEARSS AVEAddress3347 W. BEARSS AVENUE

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33618

Title PPD Title PPD

Name GRIFFITHS. ROBERT Name HAMMOND, DANA

Address 14310 N. DALE MABRY Address 4890 W. KENNEDY BLVD.

#240

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33609

Title 1ST VICE PRESIDENT Title ASSOCIATES PRESIDENT

Name KOBACK, CHRIS Name LAVIGNE, LISA

Address 606 3RD AVENUE WEST Address 1155 CHARLES STREET

#105

City-State-Zip: BRADENTON FL 34205 City-State-Zip: LONGWOOD FL 32750

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: CECILY MILLAN EXECUTIVE DIRECTOR 05/31/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER
Name DAILEY, LISA

Address 14502 N. DALE MABRY HWY

City-State-Zip: TAMPA FL 33618