

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750598

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST, INC.**FILED**
Apr 28, 2015
Secretary of State
CC0974156032**Current Principal Place of Business:**COMMUNITY ASSOC. MANAGEMENT BY STACIA, INC.
1990 MAIN STREET SUITE 750
SARASOTA, FL 34236**Current Mailing Address:**COMMUNITY ASSOC, MANAGEMENT BY STACIA, INC.
1990 MAIN STREET SUITE 750
SARASOTA, FL 34236 US**FEI Number: 59-2111138****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITY ASSOCIATION MANAGEMENT BY STACIA, INC.
COMMUNITY ASSOC. MANAGEMENT BY STACIA, INC.
1990 MAIN STREET SUITE 750
SARASOTA, FL 34236 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: STACIA SCOFERO****04/28/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name JIM, DUNLAP
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** VP
Name ESPOSITO, GALE
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** DIRECTOR
Name BROEKER, KIM
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** DIRECTOR
Name BAILEY, MERRITT
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** TREASURER
Name MURPHY, BOB
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** PRESIDENT
Name THOMAS, CAROLYN
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236**Title** DIRECTOR
Name NIETZEL, RICHARD
Address 1990 MAIN STREET
SUITE 750
City-State-Zip: SARASOTA FL 34236

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: BOB MURPHY**TREASURER****04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date