2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2021
Secretary of State
3471225546CC

DOCUMENT# 750598

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST, INC.

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 03/03/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	ORMSBY, WAYNE
Address	COMMUNITY ASSOC. MANAGEMENT BY STACIA, INC. 1990 MAIN STREET SUITE 750
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	BRAND, FRED
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	DIRECTOR
Name	SUTTLE/LOWELL, MARY
Address	1990 MAIN STREET SUITE 750
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	ESPOSITO, GALE
Address	COMMUNITY ASSOC. MANAGEMENT BY STACIA, INC. 1990 MAIN STREET SUITE 750
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	COLLINS, NANCY
Address	COMMUNITY ASSOC. MANAGEMENT BY STACIA, INC. 1990 MAIN STREET SUITE 750
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT
Name	DUSSEAU, RITA
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 03/03/2021

Electronic Signature of Signing Officer/Director Detail — Date