2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2023
Secretary of State
6100582574CC

DOCUMENT# N09468

Entity Name: PLAYERS CLUB ON THE BAY, INC.

Current Principal Place of Business:

COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY 2101
DESTIN, FL 32541

Current Mailing Address:

COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
ATLANTA, GA 30318 US

FEI Number: 59-2543489

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT ASSOCIATES INC.
COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY 2101
DESTIN, FL 32541 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: JAMES H. DEVLIN 04/05/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	SCHUPPERT, KEN	Name	CIBULAS, GEORGE
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318
Title	SECRETARY	Title	AGENT
Name	GRIMM, JAMES	Name	DEVLIN, JAMES H.
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318
Title	VP	Title	DIRECTOR
Name	BRUNS, DEBRA	Name	SLATE, MICHAEL
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318
Title	DIRECTOR	Title	DIRECTOR
Name	ZEMIS, KRISTIN	Name	DELANEY, MICHAEL
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128	Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318	City-State-Zip:	ATLANTA GA 30318

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: JAMES H. DEVLIN AGENT 04/05/2023

Electronic Signature of Signing Officer/Director Detail Date