

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008100

**Entity Name:** BAY ISLANDS CONSERVATION ASSOCIATION, INC.**Current Principal Place of Business:**5187 SHADOWLAWN AVE  
SUITE 120  
TAMPA, FL 33610**Current Mailing Address:**11711 RAINTREE VILLAGE BLVD., APT C  
TEMPLE TERRACE, FL 33617 US**FEI Number:** 47-4394800**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZELINSKAS, AARON MICHAEL  
11711 RAINTREE VILLAGE BLVD., APT C  
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:** AARON M ZELINSKAS

04/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            CAMPBELL, SARITA  
Address        11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip:    TEMPLE TERRACE FL 33617

Title            SECRETARY  
Name            HENDRIX, ROSA  
Address        11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip:    TEMPLE TERRACE FL 33617

Title            D  
Name            BROOKS, HERMAN  
Address        11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip:    TEMPLE TERRACE FL 33617

Title            DIRECTOR  
Name            KERR, JACOB  
Address        99281 MAEALANI PLACE  
City-State-Zip:    VOLCANO HI 96785

Title            VP  
Name            ANDERSON, ERIC  
Address        5823 BERKSHIRE CT  
City-State-Zip:    ALEXANDRIA VA 22303

Title            D  
Name            ZELINSKAS, MATTHEW  
Address        2044 LONGBRIDGE ROAD  
City-State-Zip:    FORNEY TX 75126

Title            PRESIDENT  
Name            ZELINSKAS, AARON  
Address        11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip:    TEMPLE TERRACE FL 33617

Title            DIRECTOR  
Name            LANZA, LEONARDO  
Address        11711 RAINTREE VILLAGE BLVD APT.  
                  C  
City-State-Zip:    TEMPLE TERRACE FL 33617

*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:** AARON ZELINSKAS**PRESIDENT /  
REGISTERED AGENT**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date