

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008100

Entity Name: BAY ISLANDS CONSERVATION ASSOCIATION, INC.**Current Principal Place of Business:**11711 RAINTREE VILLAGE BLVD., APT C
TEMPLE TERRACE, FL 33617**Current Mailing Address:**11711 RAINTREE VILLAGE BLVD., APT C
TEMPLE TERRACE, FL 33617**FEI Number:** 47-4394800**Certificate of Status Desired:** Yes**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

04/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SOLORZANO, KENNEDY
Address	DIAMOND ROCK
City-State-Zip:	SANTOS GUARDIOLA,BAY ISLANDS OC 34101
Title	VP
Name	ANDERSON, ERIC
Address	5823 BERKSHIRE CT
City-State-Zip:	ALEXANDRIA VA 22303
Title	D
Name	MCBRIDE, JANELL
Address	11711 RAINTREE VILLAGE BLVD., APT C
City-State-Zip:	TEMPLE TERRACE FL 33617
Title	D
Name	ZELINSKAS, AARON
Address	11711 RAINTREE VILLAGE BLVD., APT C
City-State-Zip:	TEMPLE TERRACE FL 33617

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	RIVERS, LAURIE
Address	11711 RAINTREE VILLAGE BLVD APT. C
City-State-Zip:	TEMPLE TERRACE FL 33617

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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 M ZELINSKAS

RA/D

04/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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