

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733124 (2)

1. Corporation Name

BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1301 SEMINOLE BLVD  
STE 172  
LARGO FL 34640  
US

1301 SEMINOLE BLVD  
SUITE 172  
LARGO FL 34640  
US

3. Date Incorporated or Qualified  
06/20/1975

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-1812546

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLING MANAGEMENT  
1301 SEMINOLE BLVD  
SUITE 172  
LARGO FL 34640

81 Name  
THERESE C. LECLERC

82 Street Address (P.O. Box Number is Not Acceptable)

- SAME -

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*THERESE C. Leclerc*

THERESE C. LECLERC Prop. Mgr 1/29/96

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING, JIM	
STREET ADDRESS	8807 BAYPOINTE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EGGERT, LOIS	
STREET ADDRESS	8806 BAY POINTE DR. #B206	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WINDELBERG, NELL	
STREET ADDRESS	8834 BAY POINTE DR. #H110	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PACHE, AUDRY	
STREET ADDRESS	8829 BAY POINTE DRIVE G206	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT	
STREET ADDRESS	8819 BAYPOINTE DR E202	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLEMING, Jim	
1.3 STREET ADDRESS	8807 BAY POINTE DR. A-208	
1.4 CITY-ST-ZIP	TAMPA FL 33615	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES CUMMINGS	
2.3 STREET ADDRESS	8816 BAY POINTE DR # D-205	
2.4 CITY-ST-ZIP	TAMPA FL 33615	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEAN CONIBLIO	
3.3 STREET ADDRESS	8815 BAY POINTE DR # C-105	
3.4 CITY-ST-ZIP	TAMPA, FL 33615	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PACHE, AUDREY	
4.3 STREET ADDRESS	8829 BAY POINTE DR #G-206	
4.4 CITY-ST-ZIP	TAMPA FL 33615	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William McConnell	
5.3 STREET ADDRESS	8806 BAY POINTE DR. # C-205	
5.4 CITY-ST-ZIP	TAMPA, FL 33615	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Chucky C. Pache* President 1/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(813) 886-5703

CR2E037 (12/95)