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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 733124 (2)

1. Corporation Name  
BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address  
1301 SEMINOLE BLVD STE 172 LARGO FL 34640 US  
1301 SEMINOLE BLVD SUITE 172 LARGO FL 33770-8113 US

3. Date Incorporated or Qualified 06/20/1975  
3a. Date of Last Report 02/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 7628 N 56TH STREET Suite, Apt. #, etc. 26 7628 N. 56TH STREET Suite, Apt. #, etc.  
22 SUITE 8 27 SUITE 8  
23 TAMPA, FL City & State 28 TAMPA, FL City & State  
24 33617 Zip 25 US Country 29 33617 Zip 30 US 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  
LECLERC, THERESE  
1301 SEMINOLE BLVD  
SUITE 172  
LARGO FL 34640

10. Name and Address of New Registered Agent  
81 Name WILLIAM C. SPIVEY  
82 Street Address (P.O. Box Number is Not Acceptable) 7628 N. 56TH STREET  
83 SUITE 8  
84 City TAMPA FL 85 Zip Code 33617

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, 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.  
APR 21 1997

SIGNATURE *William C. Spivey* WILLIAM C. SPIVEY  
Signature of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLEMING, JIM	
STREET ADDRESS	8807 BAY POINTE DR, A-208	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EGGERT, LOIS	
STREET ADDRESS	8806 BAY POINTE DR. #B208	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WINDELBERG, NELL	
STREET ADDRESS	8834 BAY POINTE DR. #H110	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PACHE, AUDREY	
STREET ADDRESS	8829 BAY POINTE DR, G-206	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT	
STREET ADDRESS	8819 BAYPOINTE DR E202	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, WILLIAM	
STREET ADDRESS	8806 BAY POINTE DR, C-205	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEARRINGER, JOE	
1.3 STREET ADDRESS	8822 BAY POINTE DR, #F203	
1.4 CITY-ST-ZIP	TAMPA, FL 33615	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANCONI, ROSE	
2.3 STREET ADDRESS	8826 BAY POINTE DR, #H102	
2.4 CITY-ST-ZIP	TAMPA, FL 33615	
3.1 TITLE	S/U/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINSCOTT, EARLE	
3.3 STREET ADDRESS	8819 BAY POINTE DR # E201	
3.4 CITY-ST-ZIP	TAMPA, FL 33615	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLEMING, Jim	
4.3 STREET ADDRESS	8807 BAY POINTE DR, A-208	
4.4 CITY-ST-ZIP	TAMPA, FL 33615	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PACHE, AUDREY	
5.3 STREET ADDRESS	8829 BAY POINTE DR, G-206	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joe Bearinger* BEARRINGER JOE 4/4/97 886-7336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049673

CR2E037 (9/96)