

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733124 (2)**

1. Corporation Name  
**BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 7828 N. 56TH STREET STE. 8 TAMPA FL 33617 US	Mailing Address 7828 N. 56TH STREET STE. 8 TAMPA FL 33617 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/20/1975	4. FEI Number 59-1812546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C**  
**7828 N. 56TH STREET**  
**STE. 8**  
**TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD FLEMING, JIM	1.1 TITLE	PD DIAMANTIS, KRISTOS
NAME	8807 BAY POINTE DR, A-208	1.2 NAME	8818 BAY POINTE DR # D207
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD BERRINGER, JOE	2.1 TITLE	D ABITABLE, RAYMOND
NAME	8822 BAY POINTE DR., F203	2.2 NAME	8805 BAY POINTE DR # A205
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MANCONI, ROSE	3.1 TITLE	TD HODGE, ROSEMARY
NAME	8826 BAY POINTE DR., H102	3.2 NAME	8817 BAY POINTE DR # C108
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FLEMING, JIM	4.1 TITLE	D REALE, RALPH
NAME	8807 BAY POINTE DR., A208	4.2 NAME	8829 BAY POINTE DR # G105
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SVD LINSCOTT, EARLE	5.1 TITLE	VD WARREN, ROBERT
NAME	8819 BAY POINTE DR., E201	5.2 NAME	8806 BAY POINTE DR # B205
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD PACHE, AUDREY	6.1 TITLE	SD WARREN, BETTY
NAME	8820 BAY POINTE DR., G206	6.2 NAME	8806 BAY POINTE DR # B205
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	TAMPA, FL 33615
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Kristos N. Diamantis* KRISTOS N. DIAMANTIS 4-10-98

CR2E037 (10/97)