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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733124

1. Corporation Name

BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

7628 N. 56TH STREET
STE. 8
TAMPA FL 33617
US

Mailing Address

7628 N. 56TH STREET
STE. 8
TAMPA FL 33617
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/20/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1812546
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
7628 N. 56TH STREET
STE. 8
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMANTIS, HRISTOS	1.2 NAME	DIAMANTIS, HRISTOS
STREET ADDRESS	8818 BAY POINTE DR #D207	1.3 STREET ADDRESS	8818 BAY POINTE DR #D207
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABITABLE, RAYMOND	2.2 NAME	ABITABLE, RAYMOND
STREET ADDRESS	8805 BAY POINTE DR #A205	2.3 STREET ADDRESS	8805 BAY POINTE DR #A205
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, ROSEMARY	3.2 NAME	PACHE, AUDREY
STREET ADDRESS	8817 BAY POINTE DR #C108	3.3 STREET ADDRESS	8829 BAY POINTE DR #G206
CITY-ST-ZIP	TAMPA FL 33615	3.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REALE, RALPH	4.2 NAME	REALE, RALPH
STREET ADDRESS	8829 BAY POINTE DR #G105	4.3 STREET ADDRESS	8829 BAY POINTE DR #G105
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, ROBERT	5.2 NAME	TOLL, SUSAN
STREET ADDRESS	8806 BAY POINTE DR. #B205	5.3 STREET ADDRESS	8819 BAY POINTE DR #E102
CITY-ST-ZIP	TAMPA FL 33615	5.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, BETTY	6.2 NAME	GRIGGS, JANE
STREET ADDRESS	8806 BAY POINTE DR #B205	6.3 STREET ADDRESS	8801 BAY POINTE DR #A201
CITY-ST-ZIP	TAMPA FL 33615	6.4 CITY-ST-ZIP	TAMPA, FL 33615

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, with all other like empowered.

SIGNATURE: X DIAMANTIS, HRISTOS 4-27-99 (813) 988-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)