**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **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

2. Principal Place of Business

21

Mailing Address 7628 N. 56TH STREET STE. 8

2a. Mailing Address

TAMPA FL 33617 US

26

## FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90295 006 \*\*\*\*70.00



Date Incorporated or Qualifed 06/20/1975

City & State    City & State	Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				4. FEI Number	Apr	plied For		
Second Companies   Second Comp	22	27				59-1812546	Not	Applicable		
Zp	<del></del>	е	<b>⊢</b> •			5. Certificate of Status Desired				
8. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  9. Name and Address of New Registered  9. Name and		Country		Country	<u></u> -	6 Flection Campaign Financing		<del></del>		
SPIVEY, WILLIAM C SPIVEY	—, `				2 Electron Campaign Inducting			- 1		
SPIVEY, WILLIAM C. 7628 N. 56TH, STREET STE. 8 71AMPA Ft. 33617 71. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harreby accept the appointment as registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harreby accept the appointment as registered agent. I am Istrilliar with, and accept the obligations of, Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am Istrilliar with, and accept the obligations of, Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am Istrilliar with, and accept the obligations of, Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am Istrilliar with, and accept the obligations of, Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am Istrilliar with, and accept the obligations of, Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am Istrilliar with, and accept the obligations of Section 617.0503, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. In the configuration of the configuration and the statules is registered agent. In the configuration and the statules is registered agent. In the configuration and the statules is registered agent. In the configuration of the configuration and the statules is registered agent. In the configuration and the statules is registered agent. In the conf	<u> </u>									
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STE. 8  TAMPA FL 33617  THE PURSUANT to the provisions of Sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617.0503, Floridal Statutes.  NOTE: Replaced Agent spiriture regulates when rendating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD DIAMANTIS, HRISTOS  DIAMANTIS, HRISTOS  DIAMANTIS, HRISTOS  DIAMANTIS, HRISTOS  DIAMANTIS, HRISTOS  TAMPA FL 33615  THE  D DELETE  11 TITLE  D DELETE  12 TITLE  D DELETE  12 TITLE  D DELETE  13 STREET ADDRESS  811 BAY POINTE DR #A205  TAMPA FL 33615  TAMPA FL 3					82 Street Address (P.O. Box Number is Not Acceptable)					
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T. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DO DAMANTIS, HRISTOS  SIRRETADORESS  818 BAY POINTE DR #D207  13. TAMPA FL 33615  12. NAWE  DIAMANTIS, HRISTOS  818 BAY POINTE DR #D207  13. TAMPA FL 33615  12. NAWE  ABITABLE, RAYMOND  STREET ADDRESS  8805 BAY POINTE DR #A205  12. STREET ADDRESS  8806 BAY POINTE DR #A205  12. NAWE  ABITABLE, RAYMOND  STREET ADDRESS  8816 BAY POINTE DR #A205  12. NAWE  ABITABLE, RAYMOND  STREET ADDRESS  8817 BAY POINTE DR #A205  12. NAWE  ABITABLE, RAYMOND  STREET ADDRESS  8818 BAY POINTE DR #A205  12. NAWE  ABITABLE, RAYMOND  STREET ADDRESS  8817 BAY POINTE DR #C108  13. TAMPA FL 33615  10. Change  EAddition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAWE  ABITABLE, RAYMOND  12. NAWE  ABITABLE, RAYMOND  13. TAMPA FL 33615  14. CHY-ST-ZP  TAMPA, FL 33615  15. TAMPA FL 33615  16. CHY-ST-ZP  TAMPA, FL 33615  17. TAMPA, FL 33615  18. CHY-ST-ZP  TAMPA, FL 33615  19. Change  EAddition  TAMPA FL 33615  10. Change  EAddition  TOLL, SUSAN  TOLL,	· · · · · · · · · · · · · · · · · · ·				63					
T1- Pursuant to the provisions of Sections \$17.0502 and \$17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17.0503, Florida Statutes.  SIGNATURE  Signature, typed or private name of registered agent and time if applicable.  PD	MARCH 2017 128 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				84 City FL 85 Zip Code					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutés.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD										
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CITY-ST-ZIP TAMPA FL 33615				6.3 STREET	ADDRESS 88	OI BAY POINTE DR # AZO	ſ			
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				6.4 CITY-ST				ł		
	14. I hereby	certify that the information supplied with	this filing does not qualify for th		on stated in Se	ection 119.07(3)(i), Florida Statutes. I further	certify that the in	formation		

this report as required by Chapter 617, Florida Statutes; and that my name appears in