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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/20/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1812546
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAMANTIS, HRISTOS	
STREET ADDRESS	8818 BAY POINTE DR #D207	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABITABLE, RAYMOND	
STREET ADDRESS	8805 BAY POINTE DR #A205	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HODGE, ROSEMARY	
STREET ADDRESS	8817 BAY POINTE DR #C108	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REALE, RALPH	
STREET ADDRESS	8829 BAY POINTE DR #G105	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, ROBERT	
STREET ADDRESS	8806 BAY POINTE DR. #B205	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, BETTY	
STREET ADDRESS	8806 BAY POINTE DR #B205	
CITY-ST-ZIP	TAMPA FL 33615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAMANTIS, HRISTOS	
1.3 STREET ADDRESS	8818 BAY POINTE DR #D207	
1.4 CITY-ST-ZIP	TAMPA, FL 33615	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABITABLE, RAYMOND	
2.3 STREET ADDRESS	8805 BAY POINTE DR #A205	
2.4 CITY-ST-ZIP	TAMPA, FL 33615	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PACHE, AUDREY	
3.3 STREET ADDRESS	8829 BAY POINTE DR #G206	
3.4 CITY-ST-ZIP	TAMPA, FL 33615	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REALE, RALPH	
4.3 STREET ADDRESS	8829 BAY POINTE DR, #G105	
4.4 CITY-ST-ZIP	TAMPA, FL 33615	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOLL, SUSAN	
5.3 STREET ADDRESS	8819 BAY POINTE DR #E102	
5.4 CITY-ST-ZIP	TAMPA, FL 33615	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GRIGGS, JANE	
6.3 STREET ADDRESS	8801 BAY POINTE DR #A201	
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: *[Signature]* 4-27-99 (813) 988-3684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (11/98)