



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 006 ****61.25

DOCUMENT # 733124 1. Entity Name BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16105 N FLORIDA STE A LUTZ, FL 33549 US			Mailing Address 16105 N FLORIDA STE A LUTZ, FL 33549 US		
2. Principal Place of Business <i>1050 A ELW PKWY</i> Suite, Apt. #, etc.		3. Mailing Address <i>1050 A ELW PKWY</i> Suite, Apt. #, etc.			
City & State <i>OLDSMAR FL</i>		City & State <i>OLDSMAR FL</i>		4. FEI Number 59-1812546	
Zip <i>34677</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <i>Scannavino, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1050 A. Eastlake Woodlands Pkwy</i> City <i>Oldsmar</i> FL Zip Code <i>34677</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <i>Steven Mezer</i> DATE <i>2/2/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENKE, JOYCE 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRISCO, BILLY 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SULLIVAN, ROBERT 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REALE, RALPH 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HORGAN, JOHN 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ralph Reale, VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>2-1-06</i> <i>727-789-1284 X232</i> <small>Date Daytime Phone #</small>	