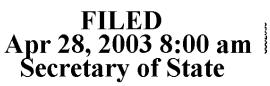
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # 733124 1. Entity Name					O4-28-2003 90196 042 ****70.00			
BAY POIN	ITE WATERFRONT CONDOM	INIUM ASSOCIATION,			0.20200000	,,	.00	
Principal Plac	e of Business	Mailing Address	<u> </u>					
16105 N FLORIDA		16105 N FLORIDA						
STE A LUTZ FL 33549		STE A Lutz FL 33549						
		US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEi Number	4. FEI Number 59-1812546 Applied For Not Applicable			
Zip		Zip	Country	Certificate of	Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
SPIVEY, WILLIAM C 16105 N FLORIDA			Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE. 8				-				
LUTZ FL	33549		City		FL	Zip Code	e	
	named entity submits this statement for	or the purpose of changing its r	egistered office or	registered agent, or both,	n the State of Florida. I am	familiar with,	and accept	
the obligat	tions of registered agent.							
	4							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)	DATE		}	
				··· <u>-</u>				
I	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make Chec Florida Depai			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition 3	
NAME	HENKE, JOYCE		NAME					
STREET ADDRESS	8825 BAY POINTE G102		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	<u></u>				
TITLE NAME	VD Fanelli II, Richard	☐ Delete	TITLE NAME			☐ Change	Addition {	
STREET ADDRESS	4638 BAY CREST		STREET ADDRESS		_		(
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	ng d ama dinas	The same of the sa	interesting and an		
TITLE	SD	☐ Delete	TITLE	STD	<u></u>	Change	Addition	
NAME	SULLIVAN, ROBERT		NAME			•		
STREET ADDRESS	8819 BAY POINTE E201		STREET ADDRESS	•				
CITY-ST-ZIP	TAMPA FL 33615	·	CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			Change	☐ Addition }	
NAME	REALE, RALPH		NAME					
STREET ADDRESS CITY-ST-ZIP	8829 BAY POINTE G105		STREET ADDRESS CITY-ST-ZIP				1	
	TAMPA FL 33615	□ Delete	TITLE	D		☐ Change	Addition	
TITLE NAME		Delete		JEEFREY BU	TTERS		Alvoquiiii	
STREET ADDRESS			STREET ADDRESS	8805 BAY P	DINTL AID	6		
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FC		_		
TITLE	<u> </u>	□ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: