


5-20-98 B7736 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003586 (2)**

1. Corporation Name

**BAY POINTE VISTA II CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>109 OVERLEA WAY VENICE FL 34292</b>	Mailing Address <b>109 OVERLEA WAY VENICE FL 34292</b>
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3. Date Incorporated or Qualified <b>07/03/1996</b>		
4. FEI Number <b>65-0717671</b>	Applied For <b>65-0556019</b>	Not Applicable

2. Principal Place of Business <b>21 Hidden Bay Drive</b>	2a. Mailing Address <b>210 Hidden Bay Drive</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <b>Osprey, FL</b>	City & State <b>Osprey, FL</b>		
Zip <b>34229</b>	Country <b>Sarasota</b>	Zip <b>34229</b>	Country <b>Sarasota</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, JOHN  
48 N WASHINGTON BLVD SUITE 1  
SARASOTA FL 34236**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS
NAME	MCGIFFEN, JOHN W	1.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	1.3 STREET ADDRESS	Samuel O. Shanaberger
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	34229 210 Hidden Bay Dr. Osprey, FL
TITLE	DVPT	2.1 TITLE	DVPT
NAME	CHAMBERLAIN, FRED C	2.2 NAME	Dieter Gebhard
STREET ADDRESS	109 OVERLEA WAY	2.3 STREET ADDRESS	210 Hidden Bay Drive
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	DAS	3.1 TITLE	DAS
NAME	EDSEL, EDWARD E	3.2 NAME	Kirby Sniffen
STREET ADDRESS	109 OVERLEA WAY	3.3 STREET ADDRESS	210 Hidden Bay Drive
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	DVPA	4.1 TITLE	DVPA
NAME	EGGLESTON, SUSAN E	4.2 NAME	Mamie Thomas
STREET ADDRESS	109 OVERLEA WAY	4.3 STREET ADDRESS	210 Hidden Bay Drive
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

Samuel O. Shanaberger 05/12/98 941-918-9321

SIGNATURE

CR2E037 (10/97)