


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90055 014 ****61.25

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| DOCUMENT # N97000001118 |  |
| 1. Entity Name BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business MANAGEMENT SERVICES OF GULF BREEZE, LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135 | Mailing Address MANAGEMENT SERVICES OF GULF BREEZE, LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135 |
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|---|---|
| 2. Principal Place of Business Management Services, LLC | 3. Mailing Address Management Services, LLC |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

01192004 Chg-NP CR2E037 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3434408 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

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| WEIDNER, RALPH L GULF BREEZE MANAGEMENT SERVICES 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135 |
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7. Name and Address of New Registered Agent

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| Name |
| Street Address (P.O. Box Number is Not Acceptable) Gulf Breeze Management Services, LLC |
| City |
| FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

| | | | |
|---|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PATTERSON, JAMES 36931 MONTEGO POINTE CT. #201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOEFFLER, JOSEPH 26973 MONTEGO POINTE CT 102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HORNICK, ROBERT 4706 MONTEGO POINTE CT. #103 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HENDERSON, JOHN W 4712 MONTEGO POINTE WAY 202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVIN, MYRTILIA 26944 MONTEGO POINTE CT. #102 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D 26931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Glenn, Gardner S. 26926 Montego Pointe Ct., #101 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4712 Montego Pointe Way, #202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alderink, Roger 4706 Montego Pointe Way, #102 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 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 for all other information.

SIGNATURE:  **Joseph Loeffler** **2/19/2004** **(239) 495-7946**
Signature and typed or printed name of signing officer or director Date Daytime Phone #