

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90116 023 ****61.25

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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 # N98000000902

1. Corporation Name
BAY POINTE AT WYNDHAM LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business 8190 STATE ROAD 84 DAVIE FL 33324	Mailing Address 8190 STATE ROAD 84 DAVIE FL 33324
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/16/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0824704
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. SECOND STREET
SUITE 2800
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EISENMAN, TOREY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8190 STATE ROAD 84	1.2 NAME	
STREET ADDRESS	DAVIE FL 33324	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WOODREY, SCOTT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8190 STATE ROAD 84	2.2 NAME	VD Messick, Greg
STREET ADDRESS	DAVIE FL 33324	2.3 STREET ADDRESS	8190 State Road 84
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Davie FL 33324
TITLE	STD BLAIR, GREG	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8190 STATE ROAD 84	3.2 NAME	STD Blackwell, Ann
STREET ADDRESS	DAVIE FL 33324	3.3 STREET ADDRESS	8190 State Road 84
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Davie FL 33324
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *4/2/99* **3700203**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)