

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91076 024 ****61.25

DOCUMENT # N98000000902

1. Entity Name

BAY POINTE AT WYNNDHAM LAKES COMMUNITY ASSOCIATIO

(Handwritten initials)

Principal Place of Business

Mailing Address

8190 STATE ROAD 84
 DAVIE FL 33324

1215 HILLSBORO BLVD
 DEERFIELD BEACH FL 33441
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1215 E. Hillsboro Blvd

Suite, Apt. #, etc.

Deerfield Beach FL

Suite, Apt. #, etc.

City & State

City & State

33441

4. FEI Number

65-0824704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.
 C/O DUANE MORRIS & HECKSCHER LLP
 200 S. BISCAYNE BLVD, SUITE 3410
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *Campbell Prop Mgmt*
 Street Address (P.O. Box Number is Not Acceptable)
1215 E. Hillsboro Blvd
Deerfield Beach FL 33441
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EISENMAN, TOREY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, ANN	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WOODREY, SCOTT	
STREET ADDRESS	8190 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, GREG	
STREET ADDRESS	8190 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jordan Rappoport	
STREET ADDRESS	- see mailing Address -	
CITY-ST-ZIP		
TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zenon Belmont	
STREET ADDRESS	- see mailing Address -	
CITY-ST-ZIP		
TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bert Ingles	
STREET ADDRESS	- see mailing Address -	
CITY-ST-ZIP		
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Clements	
STREET ADDRESS	- see mailing Address	
CITY-ST-ZIP		
TITLE	Member / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Weicholz	
STREET ADDRESS	- see mailing Address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, both as either like empowered.

SIGNATURE:

(Handwritten signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/01
 Date

(561) 620-5620
 Daytime Phone #

CR2E037 (10/00)