



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90157 007 ****61.25

DOCUMENT # N98000000902					
1. Entity Name BAY POINTE AT WYNDHAM LAKES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441			Mailing Address 1215 HILLSBORO BLVD DEERFIELD BEACH FL 33441 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0824704	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL PROP MGMT. 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, FREDERICK		NAME	KUCHENRITH, MARK	
STREET ADDRESS	4853 NW 124 WAY		STREET ADDRESS	12246 NW 48TH DR	
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELMOND, ZRENIN		NAME	GILMER, BRETT	
STREET ADDRESS	12274 NW 48TH		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DAVID		NAME	MANN, JERRY	
STREET ADDRESS	4854 NW 124 WAY		STREET ADDRESS	4862 NW 123RD TER	
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBOUKREK, JACK		NAME		
STREET ADDRESS	12209 NW 49 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMOME, JOE		NAME		
STREET ADDRESS	4847 NWILY WAY		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.					
SIGNATURE: 		(J. SIMOME)		APRIL 12/05 954-345-3892	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	