

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90044 009 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number **65-0824704**  
 Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, SCOTT	
STREET ADDRESS	4233 NW 124TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPINKS, NICK	
STREET ADDRESS	4859 NW 124TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VFD	<input type="checkbox"/> Delete
NAME	MANNO, JERRY	
STREET ADDRESS	4862 NW 123RD TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAKOUKOJI, SIMON	
STREET ADDRESS	4848 NW 124TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMEONE, JOSEPH	
STREET ADDRESS	4847 NW 124TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCADUTO, PETER	
STREET ADDRESS	12235 NW 49TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMER, DAE	
STREET ADDRESS	12705 NW 48TH DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, THOMAS	
STREET ADDRESS	4828 NW 123RD TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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 exemptions contained in Section 119, 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: *[Signature]* **J. SIMONE, PRESIDENT** 3/24/08 984-345-3842