2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000902

RT FILED Jul 16, 2009 Secretary of State

Entity Name: BAY POINTE AT WYNDHAM LAKES COMMUNITY ASSOCIATION, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	LLSBORO BLVD LD BEACH, FL 33441	C/O CCM INC 10034 W. MCNAB ROAD TAMARAC, FL 33321
Current Mailing Address:		New Mailing Address:
	.SBORO BLVD LD BEACH, FL 33441 US	C/O CCM INC 10034 W. MCNAB ROAD TAMARAC, FL 33321
FEI Number	r: 65-0824704 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1215 E HI DEERFIE	LL PROP MGMT. LLSBORO BLVD LD BEACH, FL 33441 US	LARRY E. SCHNER P.A. 750 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432 US
	e named entity submits this statement for the p e of Florida.	ourpose of changing its registered office or registered agent, or bot
SIGNATU	RE: LARRY E. SCHNER	07/16/2009
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:	TD () Delete DEWITT, CHUCK 12242 NW 49TH ST CORAL SPRINGS, FL 33076	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TD () Delete DEWITT, CHUCK 12242 NW 49TH ST	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	TD () Delete DEWITT, CHUCK 12242 NW 49TH ST CORAL SPRINGS, FL 33076 D () Delete WATKINS, TOM 4828 NW 123 TER	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	TD () Delete DEWITT, CHUCK 12242 NW 49TH ST CORAL SPRINGS, FL 33076 D () Delete WATKINS, TOM 4828 NW 123 TER CORAL SPRINGS, FL 33076 VPD () Delete MANNO, JERRY 4862 NW 123RD TERRACE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

	SIGNATURE: DAE GILMER	PD	07/16/2009
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