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May 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003735

1. Corporation Name

BAYOU POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 7493~~ 8220 - 73rd Court	~~P.O. BOX 743~~ 8220 - 73rd Court
PINELLAS PARK FL ~~33780-0743~~	PINELLAS PARK FL ~~33780-0743~~
US 33781	US 33781

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 07/26/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3257245 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WIECHEC, JOSEPH
8280 73 RD COURT N.
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ 5/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	~~DT~~ TREASURER	☐ Change ☒ Addition
NAME	AYOUB, JACK		1.2 NAME	LEE, JEANIE YORK	
STREET ADDRESS	8320 73RD COURT N.		1.3 STREET ADDRESS	8201 73 RD COURT N	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DVP	☐ DELETE	2.1 TITLE	~~DVP~~ PRESIDENT	☒ Change ☐ Addition
NAME	MASTRY, CONSTANTINE		2.2 NAME	MASTRY, CONSTANTINE	
STREET ADDRESS	8360 73RD COURT N.		2.3 STREET ADDRESS	8360 73RD COURT N.	
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DT	☐ DELETE	3.1 TITLE	VP ~~DVP~~ VICE PRESIDENT	☒ Change ☐ Addition
NAME	WIECHEC, JOSEPH		3.2 NAME	WIECHEC, JOSEPH	
STREET ADDRESS	8280 73 COURT N.		3.3 STREET ADDRESS	8280 73 COURT N.	
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 5/20/99 727-398-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #