2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # N9400003735 1. Entity Name BAYOU POINTE HOMEOWNERS ASSOCIATION, INC. 03-01-2001 91335 009 ****61.25 Principal Place of Business Mailing Address 8201 73RD COURT NORTH 8201 73RD COURT NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 8301 73 CL COURT N 3. Mailing Address 82 M AVENILE A Suite, Apt. #, etc. Suite Ant # etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3257245 PINELLAS PARK FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WIECHEC, JOSEPH 8280 73 RD COURT N. PINELLAS PARK FL 33781 City Zip Code FL 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 Stanature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP ☐ Delete TITLE **Change** Addition TITLE SPACONE, DENNIS 8301 73 rd COURT N. NAME SETTGRST, CHARLES NAME STREET ADDRESS STREET ADDRESS 7361 82ND AVENUE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 TITLE DVP ☐ Delete TITLE Change Addition NAME SPACONE, DENISE NAME WHITMILL RENEE STREET ADDRESS 8301 73RD COURT N. STREET ADDRESS 8300 735 COURT CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 FL-33781. Addition TITLE Delete TITLE Change NAME YORK, LEE NAME SETTGAST, CHARLES STREET ADDRESS STREET ADDRESS 8201 73RD COURT 7361 82 H AVENELE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 33781 PINELLAS PARK. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. DIRECTOR DETTGAST (DT) 2/23/01 SIGNATURE: