

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733124

**Entity Name:** BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 28, 2014**  
**Secretary of State**  
**CC7329981566**

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
301  
ST. PETERSBURG, FL 33702 US

**FEI Number: 59-1812546**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC  
9887 FOURTH STREET NORTH  
301  
ST. PETERSBURG, FL 33702 US

*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: MARLENE SHAW**

**03/28/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WESTON, DAVID  
Address 8814 BAY POINTE DRIVE #D204  
City-State-Zip: TAMPA FL 33615

Title VP  
Name HENKE, JOYCE  
Address 8825 BAY POINT DR G102  
City-State-Zip: TAMPA FL 33615

Title T  
Name REALE, EVELYN  
Address 8819 BAY POINTE DRIVE G 109  
City-State-Zip: TAMPA FL 33615

Title S  
Name VETTER, LENORE  
Address 8820 BAY POINTE DR F101  
City-State-Zip: TAMPA FL 33615

Title D  
Name FANELLI, RICHARD  
Address 8808 BAY POINTE DR B107  
City-State-Zip: TAMPA FL 33615

I hereby 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 all other like empowered.

**SIGNATURE: DAVID WESTON**

**PRESIDENT**

**03/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date