## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 733124** 

Entity Name: BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION,

INC.

Feb 13, 2013 Secretary of State CC2900700149

**FILED** 

## **Current Principal Place of Business:**

4585 140TH AVE N SUITE 1012

CLEARWATER, FL 33762

## **Current Mailing Address:**

4585 140TH AVE N SUITE 1012 CLEARWATER, FL 33762 US

FEI Number: 59-1812546 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC 4585 140TH AVE N. SUITE 1012 CLEARWATER, FL 33762 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name SCHMIDT, DOROTHY Name HENKE, JOYCE

Address 8823 BAY POINTE DRIVE #205 Address 8825 BAY POINT DR G102

City-State-Zip: TAMPA FL 33615 City-State-Zip: TAMPA FL 33615

Title T Title S

Name REALE, RALPH Name VETTER, LENORE

Address 8819 BAY POINTE DRIVE G 101 Address 8820 BAY POINTE DR F101

City-State-Zip: TAMPA FL 33615 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: DOROTHY SCHMIDT

**PRESIDENT** 

02/13/2013