

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46989

Entity Name: BAY POINTE HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4 BAY POINT DR
ORMOND BEACH, FL 32174

Current Mailing Address:

4 BAY POINTE DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 86-1064174

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D. III
145 CITY PLACE
SUITE 301
PALM COAST, FL 32164 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 STD, SECRETARY, TREASURER
Name AXENFIELD, ALLEN
Address 55 BAY POINTE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title P
Name SIMOS, GUS
Address 45 BAY POINTE DR.
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name TYLER, STEVE
Address 3 BAY POINTE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name MONDE, BOB
Address 9 BAY POINTE DR
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name BOSS, HOLLIS
Address 7 BAY POINTE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: ALLEN AXENFIELD

**SECRETARY/INTERIM
TREAS.**

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date