## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N98000000902

Entity Name: BAY POINTE AT WYNDHAM LAKES COMMUNITY ASSOCIATION

**FILED** Aug 14, 2015 Secretary of State CC4036587344

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

C/O SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071

## **Current Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33071 US

FEI Number: 65-0824704 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 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: NICOLE SWIFT 08/14/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title Title **PRESIDENT** 

GARRITY, WENDY Name Name LIEBERMAN, RONALD

Address 1750 UNIVERSITY DR #205 Address C/O SWIFT MANAGEMENT

SOLUTIONS

CORAL SPRINGS FL 33071 1750 UNIVERSITY DR #205

City-State-Zip: CORAL SPRINGS FL 33071 Title VΡ

Name SCADUTO, PETER Title **DIRECTOR** 

C/O SWIFT MANAGEMENT WATKINS, TOM Address Name

SOLUTIONS C/O SWIFT MANAGEMENT Address 1750 UNIVERSITY DR #205

**SOLUTIONS** 

CORAL SPRINGS FL 33071 City-State-Zip: 1750 UNIVERSITY DR #205

City-State-Zip: CORAL SPRINGS FL 33071 Title **SECRETARY** 

Name EGLOW, CHRISTINE

C/O SWIFT MANAGEMENT Address

SOLUTIONS

1750 UNIVERSITY DR #205

City-State-Zip: CORAL SPRINGS FL 33071

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.

Date