

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

Entity Name: BAY POINTE APARTMENTS, LLC**Current Principal Place of Business:**613 SOUTH 12TH STREET
LEESBURG, FL 34748**Current Mailing Address:**613 SOUTH 12TH STREET
LEESBURG, FL 34748**FEI Number:** 20-2345948**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAGALSKI, DAVID
613 SOUTH 12TH STREET
LEESBURG, FL 34748 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**Authorized Person(s) Detail :**

| | |
|-----------------|-------------------|
| Title | P |
| Name | MAGALSKI, DAVID |
| Address | 613 S 12TH STREET |
| City-State-Zip: | LEESBURG FL 34748 |

| | |
|-----------------|-------------------|
| Title | VPT |
| Name | MAGALSKI, BARBARA |
| Address | 613 S 12TH STREET |
| City-State-Zip: | LEESBURG FL 34748 |

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|-----------------|----------------------|
| Title | DIR |
| Name | MAGALSKI, SHELLEY A |
| Address | 613 SOUH 12TH STREET |
| City-State-Zip: | LEESBURG FL 34748 |

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|-----------------|-----------------------|
| Title | DIR |
| Name | MAGALSKI, JAMES H |
| Address | 613 SOUTH 12TH STREET |
| City-State-Zip: | LEESBURG FL 34748 |

| | |
|-----------------|-----------------------|
| Title | DIR |
| Name | MAGALSKI, SANDRA D |
| Address | 613 SOUTH 12TH STREET |
| City-State-Zip: | LEESBURG FL 34748 |

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MAGALSKI**PRESIDENT****03/29/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date