


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90032 039 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 733124</b><br>1. Entity Name<br><b>BAY POINTE WATERFRONT CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>1050A ELU PKWY<br/>OLDSMAR, FL 34677 US</b>  |   |   | Mailing Address<br><b>1050A ELU PKWY<br/>STE A<br/>OLDSMAR, FL 34677 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>720 BROOKER CREEK BLVD.</b>   |   | 3. Mailing Address<br><b>SAME</b>   |   |   |  |
| Suite, Apt. #, etc.<br><b>#206</b>   |   | Suite, Apt. #, etc.<br><b>SAME</b>  |   |   |  |
| City & State<br><b>OLDSMAR FL</b>  |   | City & State<br><b>OLDSMAR FL</b>   |   | 4. FEI Number<br><b>59-1812546</b>  |  |
| Zip<br><b>34677</b>  |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>MEZER, STEVEN<br/>SCANNAVINO, INC<br/>1050 A EASTLAKE WOODLANDS PKWAY<br/>OLDSMAR, FL 34677</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>SCANNAVINO, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>720 BROOKER CREEK BLVD.</b><br><b>#206</b><br>City <b>OLDSMAR</b> <b>FL</b> Zip Code <b>34677</b> |  |
| 8. 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. I am familiar with, and accept the obligation of registered agent.<br>SIGNATURE <b>DOMINICK SCANNAVINO</b> DATE <b>4-3-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HENKE, JOYCE<br>16105 N FLORIDA #A<br>LUTZ, FL 33549     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>HENSON, CHERYL<br>8822 BAY POINTE DR. F203<br>TAMPA, FL 33615  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BRISCO, BILLY<br>16105 N FLORIDA #A<br>LUTZ, FL 33549   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>LETO, VINCE<br>8801 BAY POINTE DR. A202<br>TAMPA, FL 33615   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SULLIVAN, ROBERT<br>16105 N FLORIDA #A<br>LUTZ, FL 33549 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PD<br>SULLIVAN, ROBERT<br>8833 BAY POINTE DR. G209<br>TAMPA, FL 33615   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>REALE, RALPH<br>16105 N FLORIDA #A<br>LUTZ, FL 33549    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | 8829 BAY POINTE DR. G105<br>TAMPA, FL 33615   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>HORGAN, JOHN<br>16105 N FLORIDA #A<br>LUTZ, FL 33549   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | TSD<br>NALEWSKI, STAN<br>8825 BAY POINTE DR. G202<br>TAMPA, FL 33615  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |   |   |  |
| SIGNATURE: <b>Robert E Sullivan, Pres</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <b>4/2/07</b><br><small>Date</small>                                   |   |  |