



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90010 045 \*\*\*\*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>720 BROOKER CREEK BLVD #206</b><br><b>OLDSMAR, FL 34677 US</b>   |  |   | Mailing Address<br><b>720 BROOKER CREEK BLVD #206</b><br><b>OLDSMAR, FL 34677 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  | <b>40047756</b><br> |  |
| City & State<br><br>Zip Country  |  | City & State<br><br>Zip Country   |  | 4. FEI Number<br><b>59-1812546</b><br>Applied For<br><input type="checkbox"/> Not Applicable          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |   |  | 01032008 Chg-NP CR2E037 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCANNAVINO, INC.</b><br><b>720 BROOKER CREEK BLVD #206</b><br><b>OLDSMAR, FL 34677</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 obligations of registered agent.  |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HENSON, CHERYL<br>8822 BAY POINTE DR. F 203<br>TAMPA, FL 33615    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>EVERETT, JOAN<br>8833 BAY POINTE DR. G110<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>LETO, VINCE<br>8801 BAY POINTE DRIVE<br>TAMPA, FL 33615           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>REALE, ANTHONY<br>8807 BAY POINTE DR. G104<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>SULLIVAN, ROBERT<br>16105 N FLORIDA #A<br>LUTZ, FL 33549         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>REALE, RALPH<br>8829 BAY POINTE DRIVE G 105<br>TAMPA, FL 33615                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>REALE, RALPH<br>8829 BAY POINTE DRIVE G 105<br>TAMPA, FL 33615   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>NALEWSKI, STAN<br>8825 BAY POINTE DRIVE G202<br>TAMPA, FL 33615                                | <input checked="" type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>NALEWSKI, STAN<br>8825 BAY POINTE DRIVE G202<br>TAMPA, FL 33615 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>DUPELLO, EVELYN<br>8807 BAY POINTE DR. A108<br>TAMPA, FL 33615                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>NALEWSKI, STAN<br>8825 BAY POINTE DRIVE G202<br>TAMPA, FL 33615 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>DUPELLO, EVELYN<br>8807 BAY POINTE DR. A108<br>TAMPA, FL 33615                                 | <input type="checkbox"/> Change <input checked="" 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Ralph Reale</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |   |  |
| Date _____ Daytime Phone # _____   |  |   |  |   |  |