

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90439 029 ****61.25

DOCUMENT # 762067					
1. Entity Name BAYPOINTE YACHT AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16120 BAY POINTE BLVD., N.E. NORTH FT MYERS, FL 33917 US			Mailing Address 16120 BAY POINTE BLVD, N.E. NORTH FT. MYERS, FL 33917 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2491575	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J ESQ 1833 HENDRY STREET FORT MYERS, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HENDERSON, ROBERT STREET ADDRESS 16150 BAY POINTE BLVD., #307 CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE PD NAME BLUM, EDWARD STREET ADDRESS 16100 BAY POINTE BLVD., #403 CITY-ST-ZIP N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME JAMISON, ANDREW STREET ADDRESS 16150 BAY POINTE BL B102 CITY-ST-ZIP N FORT MYERS, FL 33917	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME HUTCHINSON, HOWARED STREET ADDRESS 16150 BAY POINTE BLVD. B-202 CITY-ST-ZIP N FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STEVENS, CHARLOTTE STREET ADDRESS 16200 BAY POINTE BLVD., #203 CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE D NAME CANUTE, THOMAS STREET ADDRESS 16350 BAY POINTE BLVD., #106 CITY-ST-ZIP N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JONES, SHARON STREET ADDRESS 16100 BAY POINTE BLVD. E-503 CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME SLANE, JANET STREET ADDRESS 16050 BAY POINTE BLVD #207 CITY-ST-ZIP N FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<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: <u>Andrew Jamison - Andrew Jamison</u> <u>4/25/06</u> <u>239-543 6747</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					