

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762067

FILED
Mar 13, 2009
Secretary of State

Entity Name: BAYPOINTE YACHT AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16120 BAY POINTE BLVD., N.E
NORTH FT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

16120 BAY POINTE BLVD, N.E.
NORTH FT. MYERS, FL 33917 US

New Mailing Address:

FEI Number: 59-2491575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J ESQ
1833 HENDRY STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLUM, EDWARD
Address: 16100 BAY POINT BLVD., #403
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD () Delete
Name: JAMISON, ANDREW,
Address: 16150 BAY POINTE BL B102
City-St-Zip: N FORT MYERS, FL 33917

Title: VD () Delete
Name: HUTCHINSON, HOWARED
Address: 16150 BAY POINTE BLVD. B-202
City-St-Zip: N FORT MYERS, FL 33917

Title: D () Delete
Name: CANUTE, THOMAS
Address: 16350 BAY POINTE BLVD., #106
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: JONES, SHARON
Address: 16100 BAY POINTE BLVD. E-503
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW JAMISON

TD

03/13/2009

Electronic Signature of Signing Officer or Director

Date