**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 23 AM 9:46

DOCUMENT # **770332** **(5)**

1. Corporation Name

**BAY POINTE PROPERTY OWNERS ASSOCATION OF PALM CI TY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 781 SW BAY POINTE CR<br>PALM CITY FL 34990 | 781 SW BAY POINTE CR<br>PALM CITY FL 34990 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0104162 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 721 SW BAY POINTE CR | 26 721 SW BAY POINTE CR |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City, State 23 PALM City | City, State 28 PALM City |
| Zip 24 34990 County 25 MARTIN | Zip 29 34990 County 30 MARTIN |

9. Name and Address of Current Registered Agent

BUSTER, WILLIAM F
781 SW BAY POINTE CR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: GAIL FREED
82 Street Address (P.O. Box Number is Not Acceptable): 721 SW BAY POINTE CIR
83
84 City: PALM City FL 85 Zip Code: 34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] GAIL FREED DATE: 6/17/95
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☒ Change ☒ Addition |
| NAME | BUSTER, WILLIAM | 12 NAME | FREED, GAIL | |
| STREET ADDRESS | 781 SW BAY POINTE CIR. | 13 STREET ADDRESS | 721 SW BAY POINTE CIR | |
| CITY-ST-ZIP | PALM CITY FL | 14 CITY-ST-ZIP | PALM City FL | |
| TITLE | DT | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | NAGY, CHUCK | 22 NAME | | |
| STREET ADDRESS | P.O. BOX 6921 N/A | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRING FL | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | SKIDMORE, ROBERT | 32 NAME | | |
| STREET ADDRESS | 621 SW BAY POINTE CIRCLE | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM CITY FL | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | FAUST, CHARLES | 42 NAME | | |
| STREET ADDRESS | 601 SW BAY POINTE CIRCLE | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM CITY FL | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | SD EILEEN Letsch | ☐ Change ☒ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | 735 SW BAY POINTE CIR | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | PALM City FL | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] GAIL FREED, Pres 6/17/95 407-220-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017280