FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
721 SW BAY POINT CR PALM CITY FL 34990 US	721 SW BAY POINT CR PALM CITY FL 34990 US

3. Date Incorporated or Qualified: **09/22/1983**
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FREED, GAIL
721 SW BAY POINTE CR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FREED, GAIL		12 NAME		
STREET ADDRESS	721 SW BAY POINT CR		13 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		14 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	NAGY, CHUCK		22 NAME		
STREET ADDRESS	P.O. BOX 8921 N/A		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRING FL		24 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	31 TITLE		☐ 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	☐ DELETE	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	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	EILEEN, LETSCH		52 NAME		
STREET ADDRESS	735 SW BAY POINTE CR		53 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: GAIL FREED, PRES 2-11-96 2205444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #