SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1983
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21: 701 SW Bay Pointe Cir
22: Suite, Apt. #, etc.
23: City & State: Palm City, Fl
24: Zip: 34990
25: Country: Martin

2a. Mailing Address
26: 701 SW Bay Pointe Cir
27: Suite, Apt. #, etc.
28: City & State: Palm City Fl
29: Zip: 34990
30: Country: MARTIN

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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: Eileen Letsch
82 Street Address (P.O. Box Number is Not Acceptable)
83: 920 SW Bay Pointe Cir
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: Eileen F Letsch — Signature, typed or printed name of registered agent and title if applicable. — Eileen F. Letsch (NOTE: Registered Agent signature required when reinstating) — DATE: 7/24/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FREED, GAIL		1.2 NAME	PEREIRA, John	
STREET ADDRESS	721 SW BAY POINT CR		1.3 STREET ADDRESS	701 SW Bay Pointe Cir	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Palm City, Fl 34990	
TITLE	DT	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAGY, CHUCK		2.2 NAME		
STREET ADDRESS	P.O. BOX 8921 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRING FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKIDMORE, ROBERT		3.2 NAME		
STREET ADDRESS	621 SW BAY POINTE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FAUST, CHARLES		4.2 NAME		
STREET ADDRESS	601 SW BAY POINTE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	EILEEN, LETSCH		5.2 NAME	Letsch, Eileen	
STREET ADDRESS	735 SW BAY POINTE CR		5.3 STREET ADDRESS	920 SW Bay Pointe Cir	
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	Palm City, Fl 34990	
TITLE		☐ DELETE	6.1 TITLE	O	☐ Change ☑ Addition
NAME			6.2 NAME	Buster, William	
STREET ADDRESS			6.3 STREET ADDRESS	721 SW Bay Pointe Cir	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Palm City, Fl 34990	

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing 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. Eileen F. Letsch

SIGNATURE REQUIRED: [illegible] 7/24/97 561-744-4338