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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
701 SW BAY POINTE CIR PALM CITY FL 34990 US	701 SW BAY POINTE CIRCLE PALM CITY FL 34990 US

3. Date Incorporated or Qualified: 09/22/1983

4. FEI Number: 65-0104162 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 701 S.W BAY POINTE CIRCLE
22 Suite, Apt. #, etc.
23 City & State: PALM CITY, FLA.
24 Zip: 34990 25 Country: MARTIN

2a. Mailing Address
26 701 S.W. BAY POINTE CIRCLE
27 Suite, Apt. #, etc.
28 City & State: PALM CITY, FLA.
29 Zip: 34990 30 Country: MARTIN

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

LETSCH, EILEEN
920 SW BAY POINTE CIRCLE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: JOHN P PEREIRA
82 Street Address (P.O. Box Number is Not Acceptable): 701 S.W. BAY POINTE CIRCLE
83 PALM CITY, FLA.
84 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: John P Pereira JOHN P PEREIRA 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREIRA, JOHN		1.2 NAME		
STREET ADDRESS	701 SW BAY POINTE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSTER, WILLIAM		2.2 NAME		
STREET ADDRESS	781 SW BAY POINTE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY 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	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EILEEN, LETSCH		4. 2 NAME		
STREET ADDRESS	920 SW BAY POINTE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: John P Pereira REQUIRED 1/5/97 561-781-0766

CR2E037 (10/97)