2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90056 021 ****61.25

DOCUMENT # 770332

1. Entity Name

BAY POINTE PROPERTY OWNERS ASSOCATION OF PALM CI

Principal Place of Business	Mailing Address
701 SW BAY POINTE CIR PALM CITY FL 34990 US	701 SW BAY POINTE CIRCLE PALM CITY FL 34990-1710 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREIRA, JOHN P 701 SW BAY POINTE CIRCLE PALM CITY FL 34990	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	PD PEREIRA, JOHN 701 SW BAY POINTE CIRCLE PALM CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE TR NAME STREET ADDRESS CITY-ST-ZIP	D BUSTER, WILLIAM 781 SW BAY POINTE CIR PALM BAY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EILEEN, LETSCH 920 SW BAY POINTE CIR PALM CITY FL	☑ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	CHARLES J DUGGEY 940 S.W BAY POINTE CIRCLE PALM CITY, FLA. 34990	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOWIT, EDWIN 960 SW BAY POINTE CIRCLE PALM CITY FL 34990	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JAMES COLLINS 821 S.W. BAY POINTE CIRCLE PALM CITY, FLA. 34990	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEIMAN, ROBERT 900 SW BAY POINTE CIRCLE PALM CITY FL 34990	☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	TIMOTHY E BRYAN 661 S.W BAY POINTE CIRCLE PALM CITY, FLA, 34990	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John P. Pereira REQUIRED JOHN P PEREIRA 5/1/00 561-781-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #