2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am[§] Secretary of State DOCUMENT # 770332 1. Entity Name BAY POINTE PROPERTY OWNERS ASSOCATION OF PALM CI 05-10-2001 90227 031 ****61.25 Principal Place of Business Mailing Address 701 SW BAY POINTE CIRCLE 701 SW BAY POINTE CIR ひひひろひる &ぜ PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Busines 3. Mailing Address SW. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0104162 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required (ARYIN) 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEU LEWEU O. Box Number is Not Acceptable) PEREIRA, JOHN P 701 SW BAY POINTE CIRCLE PALM CITY FL 34990 4990 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 nd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. VICE PRESIDEN CR2E037 (10/00) JOHN PEREIRA MINTE CIRCLE TITLE TITLE ☐ Delete PEREIRA, JOHN NAME NAME 701 SW BAY POINTE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL ☐ Addition Change ☐ Delete TITLE TITLE BUSTER, WILLIAM NAME NAME STREET ADDRESS 781 SW BAY POINTE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL. ☐ Addition ろどし・ Delete TITLE TITLE HARVES DUSSELVITE CIRCLE DUSSEY, CHARLES J NAME NAME 940 SW BAY POINTE CR STREET ADDRESS STREET ADDRESS 34990 PALM LIM CITY-ST-ZIP CITY-ST-7IP PALM CITY FL 34990 X Addition Delete TITLE TITLE ARNOWIT, EDWIN NAME NAME 21 S.W. BAY POINTE CIRCLE STREET ADDRESS 821 SW BAY POLITE CR STREET ADDRESS CITY-ST-ZIP 34490 CITY-ST-ZIP PALM CITY FL 34990 ALM CITY DIRECTOR Change ☐ Addition Delete TITLE TITLE BRYAN THOTHY E BRYAN, TIMOTHY E NAME NAME 661 5W BAY POINTE STREET ADDRESS 661 SW BAY POINTE CR STREET ADDRESS 34990 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 regort 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/0/ 54-781-076