
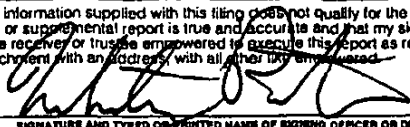


**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90400 002 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N04000008493</b>			
1. Entity Name <b>BAY POINTE ASSOCIATION, INC.</b>			
Principal Place of Business PO BOX 31 BRADENTON, FL 34206		Mailing Address PO BOX 31 BRADENTON, FL 34206	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEITRICH, DAVID.K 1111 3 AVE WEST SUITE 300 BRADENTON, FL 34205		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-listing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P.O. Whiting H. Preston 1320 33rd St. W. PALM BEACH, FL 33421	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP Carlos C. Escalante II 1320 33rd St. W. PALM BEACH, FL 33421	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information as stated.			
SIGNATURE: 		4-13-05 941-722-3279	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66017732



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number **11-3749768** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-listing)

Filing Fee is \$61.25 Due by May 1, 2005  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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SIGNATURE:  4-13-05 941-722-3279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #