

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# N04000008493

Entity Name: BAY POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 31  
BRADENTON, FL 34206

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 31  
BRADENTON, FL 34206

**New Mailing Address:**

FEI Number: 11-3749768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEITRICH, DAVID K  
1111 3 AVE WEST SUITE 300  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PROSTON, WHITING H  
Address: 1320 33RD ST W  
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete  
Name: ESCALANTE, CARLOS C II  
Address: 1320 33RD ST W  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRESTON, WHITING H  
Address: 1320 33RD ST W  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WHITING H. PRESTON

P

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date