


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90115 039 ****61.25

DOCUMENT # N04000008493

1. Entity Name
BAY POINTE ASSOCIATION, INC.



Principal Place of Business
**PO BOX 31
 BRADENTON, FL 34206**

Mailing Address
**PO BOX 31
 BRADENTON, FL 34206**

40101516



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04202007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**DETRICH, DAVID K
 1111 3 AVE WEST SUITE 300
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent
 Name: **ATS Condo Mgmt**
 Street Address (P.O. Box Number is Not Acceptable): **4301 32nd St W**
 City: **Bradenton FL** Zip Code: **34205**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Sherie Brown** **Sherie Brown, CEO** DATE: **4-23-07**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent Signature Required After Restating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing
 Trust Fund Contributor **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, WHITING H 1320 33RD ST W PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCALANTE, CARLOS C II 1320 33RD ST W PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Judy Christianson 2715 Terra Ceia Bay Blvd # 504 Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Weaver, Roger 2715 Terra Ceia Bay Blvd # 202 Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mueller, Patricia 2715 Terra Ceia Bay Blvd # 406 Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Preston, Whiting 1320 33rd St. W. Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Degenhart, Dan 2715 Terra Ceia Bay Blvd # 601 Bradenton, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Judy Christianson** President DATE: **4/24/07** DAYTIME PHONE #: **941-302-8060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR