

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50816

1. Entity Name

BAY POINTE ESTATES PROPERTY OWNER'S ASSOCIATION

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90104 016 ****61.25

Principal Place of Business

2081 E. OCEAN BLVD.
2ND FLOOR
STUART FL 34996

Mailing Address

2081 E. OCEAN BLVD.
2ND FLOOR
STUART FL 34996-3348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P ESQUIRE
2081 E. OCEAN BLVD.
STUART FL 34996

4. FEI Number

65-0903564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDSEY, JAMES	
STREET ADDRESS	2081 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, ADAM	
STREET ADDRESS	1520 S.W. DYER PT. ROAD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARBER, WALTER	
STREET ADDRESS	2081 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

James Lindsey PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/2/00*

Daytime Phone #

CR2E037 (9/99)