

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-05-2001 90119 037 ****61.25

DOCUMENT # N50816

1. Entity Name

BAY POINTE ESTATES PROPERTY OWNER'S ASSOCIATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2400 S. Federal Highway

3. Mailing Address

2400 S. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Zip

34994

Country

4. FEI Number

65-0903564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P ESQUIRE

2081 E. OCEAN BLVD. 2400 S Federal Highway
STUART FL 34996 34994

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2400 S Federal Highway	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	VPP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Hicky	
STREET ADDRESS	2400 S Federal Highway	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2400 S Federal Highway	
CITY-ST-ZIP	Stuart FL 34994	
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 C. LINDSEY, PD

Date

1-30-01

Daytime Phone #

CR2E037 (10/00)