

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51052 (1)

1. Corporation Name

BAY POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% LANA MANAGEMENT COMPANY
5295 TOWN CENTER ROAD, SUITE 200
BOCA RATON FL 33486% LANA MANAGEMENT COMPANY
5295 TOWN CENTER ROAD, SUITE 200
BOCA RATON FL 33486-10883. Date Incorporated or Qualified
09/29/19923a. Date of Last Report
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0425433Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONATH, ALAN	
STREET ADDRESS	2115 NW 62 DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHIFF, EDWARD	
STREET ADDRESS	2176 NW 62ND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDWASSER, SALLY	
STREET ADDRESS	2111 NW 62ND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERGER, BURTON	
STREET ADDRESS	2122 NW 62ND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHATZ, BERNARD	
STREET ADDRESS	6240 NW 21 COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORTZ, SHARON	
1.3 STREET ADDRESS	2188 NW 62 DR	
1.4 CITY-ST-ZIP	Boca Raton FL 33496	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schiff, Edward	
2.3 STREET ADDRESS	2176 NW 62 DR	
2.4 CITY-ST-ZIP	Boca Raton FL 33496	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goldwasser, Sally	
3.3 STREET ADDRESS	2111 NW 62 DR	
3.4 CITY-ST-ZIP	Boca Raton FL 33496	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045110

CR2E037 (9/96)