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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

09/29/1992

4. FEI Number

65-0425433

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **clo Lang Mgmt. Co.**

26 **clo Lang Mgmt. Co.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ 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
NAME SCHIFF, EDWARD
STREET ADDRESS 2176 NW 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VPD
NAME GOLDWASSER, SALLY
STREET ADDRESS 2111 NW 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE T
NAME BERGER, BURTON
STREET ADDRESS 2122 NW 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE S
NAME SHATZ, BERNARD
STREET ADDRESS 6240 NW 21 COURT
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE VPD
NAME BORTZ, SHARON
STREET ADDRESS 2188 NW 62 DR
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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:

Burton W. Berger **Burton W. Berger** 2/5/98

CF2E037 (10/97)