

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90144 018 ****70.00

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DOCUMENT # N51052

1. Corporation Name

BAY POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

%LANG MGMT CO
5295 TOWN CENTER ROAD, SUITE 200
BOCA RATON FL 33486
US

Mailing Address

%LANG MGMT CO
5295 TOWN CENTER ROAD, SUITE 200
BOCA RATON FL 33486
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/29/1992

4. FEI Number

65-0425433

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD
NAME SCHIFF, EDWARD
STREET ADDRESS 2176 NW 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL
☒ DELETE

TITLE SD
NAME SONESHEIN, JANE
STREET ADDRESS 2127 NW 62 DR
CITY-ST-ZIP BOCA RATON FL 33496
☐ DELETE

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

TITLE VPD
NAME SHATZ, BERNARD
STREET ADDRESS 6240 NW 21 COURT
CITY-ST-ZIP BOCA RATON FL 33486
☒ 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/D
Linkon, Gordon
2160 NW 62nd Dr
Boca Raton FL 33496
☒ Change ☐ Addition

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1st VP/D
Greene, Richard
2123 NW 62 DR
Boca Raton FL 33496
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
2nd VP/D
STOLTZ, ERROL
2173 NW 62 DR
Boca Raton FL 33496
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

11/99

(561) 241-0577

CR2E037 (11/98)