

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51052

1. Entity Name

BAY POINTE COMMUNITY ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90032 040 ****70.00

Principal Place of Business

Mailing Address

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

%LANG MGMT CO
5295 TOWN CENTER ROAD, SUITE 200
BOCA RATON FL 33486-1080
US

A0032411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0425433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|--------------------|---------------------|-------------------------------------|-------|-----------------|----------------|---------------------|-------------------------------------|-------------------------------------|
| PD | LINKON, GORDON | 2160 NW 62ND DR | BOCA RATON FL 33496 | <input type="checkbox"/> | D | Linkon, Gordon | 2160 NW 62 DR | BOCA RATON FL 33496 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SD | SONESHEIN, JANE | 2127 NW 62 DR | BOCA RATON FL 33496 | <input checked="" type="checkbox"/> | D | Donath, Alan | 2115 NW 62 DR | BOCA RATON FL 33496 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | BERGER, BURTON | 2122 NW 62ND DRIVE | BOCA RATON FL 33496 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1VPD | GREENE, RICHARD | 2123 NW 62ND DR | BOCA RATON FL 33496 | <input type="checkbox"/> | P/D | Greene, Richard | 2123 NW 62 DR | Boca | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2VPD | STOLTZ, ERIC | 2173 NW 62ND DR | BOCA RATON FL 33496 | <input type="checkbox"/> | V/P/D | Stoltz, Eric | 2173 NW 62 DR | BOCA RATON FL 33496 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 or other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

511-994-2343
Daytime Phone #