

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90126 034 \*\*\*\*70.00

**DOCUMENT # N51052**

1. Entity Name  
**BAY POINTE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>%LANG MGMT CO 5295 TOWN CENTER ROAD, SUITE 200 BOCA RATON FL 33486 US</b>	Mailing Address <b>%LANG MGMT CO 5295 TOWN CENTER ROAD, SUITE 200 BOCA RATON FL 33486 US</b>
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2. Principal Place of Business <b>21045 Commercial TR</b> Suite, Apt. #, etc.	3. Mailing Address <b>21045 Commercial TR</b> Suite, Apt. #, etc.
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City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33486</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0425433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**21045 Commercial Trail**

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

**Boca Raton FL Zip Code 33486**

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LINKON, GORDON 2160 NW 62ND DR BOCA RATON FL 33496</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONATH, ALAN 2115 NW 62ND DR. BOCA RATON FL 33496</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BERGER, BURTON 2122 NW 62ND DRIVE BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREENE, RICHARD 2123 NW 62ND DR BOCA RATON FL 33496</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STOLTZ, ERROL 2173 NW 62ND DR BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st VP/D Robert Ginsberg 2140 NW 62ND DR Boca Raton FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP/Dir Nat Steynart 2192 NW 62 DR Boca Raton FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Errol Stoltz 2173 NW 62 DR Boca Raton FL 33496</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **William K Isaacson** **2/17/01** **392-2442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/00)