

FILED
Apr 09, 2004 8:00 am
Secretary of State

DOCUMENT # N51052			
1. Entity Name BAY POINTE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON FL 33486 US		Mailing Address 21045 COMMERCIAL TR BOCA RATON FL 33486 US	
2. Principal Place of Business <i>46 PRIME MANAGEMENT</i> Suite, Apt. #, etc. <i>6300 PARK OF COMMERCE BLVD</i> City & State <i>BOCA RATON, FL</i> Zip <i>33487</i>		3. Mailing Address <i>46 PRIME MANAGEMENT</i> Suite, Apt. #, etc. <i>6300 PARK OF COMMERCE BLVD</i> City & State <i>BOCA RATON, FL</i> Zip <i>33487</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent			
WILLIAM K. ISAACSON, 21045 COMMERCE TR BOCA RATON FL 33486			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GINSBERG, ROBERT 2140 N W 62 DR BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEINART, NAT 2192 N W 62 DR BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERGER, BURTON 2122 NW 62ND DRIVE BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOLTZ, ERROL 2173 N W 62 DR BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LINKON, GORDON 2160 NW 62 DR. BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	W WINIG, CAROL 2165 NW 62 DR. BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

Date _____

Daytime Phone #