


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90105 038 ****61.25

DOCUMENT # N51052	
1. Entity Name BAY POINTE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US	Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60022587



02082006 Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCE TR BOCA RATON, FL 33486	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME SANDLER, R STREET ADDRESS 2198 NW 62ND DR CITY-ST-ZIP BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	NAME ERROL STOLTZ STREET ADDRESS 2173 NW 62ND DR CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME STEINART, NATHAN STREET ADDRESS 2192 N W 62 DR CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME SCHVSTOR, MARTY STREET ADDRESS 21 NW 62 DR CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME SHAPIRO, STEPHEN STREET ADDRESS 2103 NW 62ND DR CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME WINIG, CAROL STREET ADDRESS 2165 NW 62 DR. CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employment.

SIGNATURE: NATHAN STEINART 2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #