2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N51052

Entity Name: BAY POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0425433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER, RANDALL K P.A.
621 NW 53RD ST., SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WINIG, CAROL
Address: 2165 NW 62ND DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: S ( ) Delete
Name: STEINART, NAT
Address: 2192 NW 62ND DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: T ( ) Delete
Name: DROZDOFF, FRED
Address: 6237 NW 21ST CT
City-St-Zip: BOCA RATON, FL 33496

Title: V ( ) Delete
Name: SHAPIRO, STEPHEN
Address: 2103 NW 62ND DR
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: AUGUST, MIKE
Address: 6260 NW 21ST CT
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DROZDOFF, FRED
Address: 6237 NW 21ST CT
City-St-Zip: BOCA RATON, FL 33496

Title: VP (X) Change ( ) Addition
Name: SHAPIRO, STEPHEN
Address: 2103 NW 62ND DR
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Change ( ) Addition
Name: AUGUST, MIKE
Address: 6260 NW 21ST CT
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WINIG P 02/04/2009

Electronic Signature of Signing Officer or Director — Date