
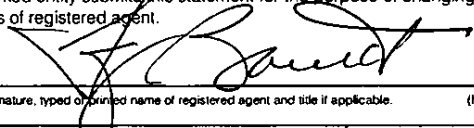



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 011 ****61.25

DOCUMENT # N93000003419 1. Entity Name BAYPOINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2809 BAYPOINTE CIRCLE TAMPA, FL 33611			Mailing Address 502 N ARMENIA AVE TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P O Box 173071 Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3198062	
Zip 33672		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH 502 N ARMENIA AVE TAMPA, FL 33609				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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE	TD KOEHLER, KEITH	<input checked="" type="checkbox"/> Delete	TITLE	PD HOPE BARNETT 2805 BAYPOINTE CIRCLE TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	502 ARMENIA AVE		STREET ADDRESS	2805 BAYPOINTE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	SD CLARK-STILLIE, CARINA	<input checked="" type="checkbox"/> Delete	TITLE	TD LES BARNETT 2805 BAYPOINTE CIRCLE TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	502 N ARMENIA AVE		STREET ADDRESS	2805 BAYPOINTE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D LUM, JOHN	<input checked="" type="checkbox"/> Delete	TITLE	SD ESTHER HAPPEL 2801 BAYPOINTE CIRCLE TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2811 BAYPOINTE CIR		STREET ADDRESS	2801 BAYPOINTE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/07 (813) 932-7400 <small>Date Daytime Phone #</small>		