
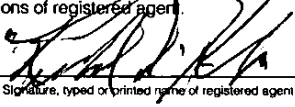
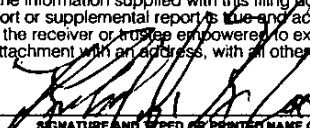


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90086 003 ****61.25

DOCUMENT # N94000001517					
1. Entity Name BAYPOINTE AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 60 SEAGATE DRIVE NAPLES, FL 34103			Mailing Address 60 SEAGATE DRIVE NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0633754	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMOUCÉ, ROBERT C ESQ. 5405 PARK CENTRAL CT NAPLES, FL 34109				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 				DATE 4-4-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 P	NAME KRASKA, RICHARD		TITLE 	NAME 	
STREET ADDRESS 60 SEAGATE DR UNIT 501	CITY-ST-ZIP NAPLES, FL 34103		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME KNOLL, ROGER		TITLE DIRECTOR	NAME KNOLL ROGER	
STREET ADDRESS 60 SEAGROVE DR UNIT 1202	CITY-ST-ZIP NAPLES, FL 34103		STREET ADDRESS 60 SEAGATE DR. UNIT 1202	CITY-ST-ZIP NAPLES FL 34103	
TITLE T	NAME GANNON, JOHN		TITLE 	NAME 	
STREET ADDRESS 60 SEAGATE DR UNIT 1105	CITY-ST-ZIP NAPLES, FL 34103		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME CHRISTOPHER, BRANDA		TITLE 	NAME 	
STREET ADDRESS 4315 FIFTH AVE	CITY-ST-ZIP AVALON, NJ 08202		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BECHERER, JOSPEPH		TITLE VICE PRESIDENT	NAME BECHERER JOSEPH	
STREET ADDRESS 200 WOODBINE DR	CITY-ST-ZIP BEAVER, PA 15009		STREET ADDRESS 200 WOODBINE DR.	CITY-ST-ZIP BEAVER PA. 15009	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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: 			DATE 4-4-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 239-263-9682		