
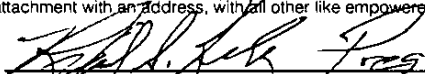


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90076 022 ****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"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMOUCE, ROBERT C ESQ. 5405 PARK CENTRAL CT NAPLES, FL 34109			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P KRASKA, RICHARD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	60 SEAGATE DR UNIT 501		NAME		
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D KNOLL, ROGER <input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	60 SEAGROVE DR UNIT 1202		NAME	SALLY MYERS	
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS	60 SEAGATE DR UNIT 1206	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T GANNON, JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	60 SEAGATE DR UNIT 1105		NAME		
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S CHRISTOPHER, BRANDA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4315 FIFTH AVE		NAME		
STREET ADDRESS	AVALON, NJ 08202		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP BECHERER, JOSPEPH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	200 WOODBINE DR		NAME		
STREET ADDRESS	BEAVER, PA 15009		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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:  <div style="float: right; text-align: right;"> 4/16/08 Date Daytime Phone # </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					