

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000003735 (7)**

1. Corporation Name

BAYOU POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3830 TAMPA RD.
SUITE 200
PALM HARBOR FL 34684****3830 TAMPA RD.
SUITE 200
PALM HARBOR FL 34684-3805**3. Date Incorporated or Qualified
07/26/19943a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 P. O. Box 743**26 P. O. Box 743**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Pinellas Park, FL**28 Pinellas Park, FL**

Zip

Country

Zip

Country

24 33780-0743**25 USA****29 33780-0743****30 USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BABCOCK, CHARLES I III
3830 TAMPA RD.
SUITE 200
PALM HARBOR FL 34684**

81 Name

Joseph Wiechec

82 Street Address (P.O. Box Number is Not Acceptable)

8280 73rd Court N.

83

84 City

Pinellas Park**FL**85 Zip Code
33781

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]**01/15/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, CHARLES I III	1.2 NAME	Ayoub, Jack
STREET ADDRESS	3830 TAMPA RD, SUITE 200	1.3 STREET ADDRESS	8320 73rd Court N.
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, ROBERT E	2.2 NAME	Mastery, Constantine
STREET ADDRESS	3830 TAMPA RD, SUITE 200	2.3 STREET ADDRESS	8360 73rd Court N.
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, CHRISTINE M	3.2 NAME	Wiechec, Joseph
STREET ADDRESS	3830 TAMPA RD, SUITE 200	3.3 STREET ADDRESS	8280 73rd Court N.
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **JACK AYOUNB 3.15-97 813-5464120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088817**

CR2E037 (9/96)