

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90007 006 ****61.25

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1. Corporation Name

BAYOU POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 7409
PINELLAS PARK FL 33780-0743
US 33781

Mailing Address

P.O. BOX 743
PINELLAS PARK FL 33780-0743
US 33781



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		07/26/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		26 Zip		59-3257245	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WIECHEC, JOSEPH
8280 73 RD COURT N.
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DT TREASURER
NAME	AYOUB, JACK	1.2 NAME	LEE, JEANIE YORK
STREET ADDRESS	8320 73RD COURT N.	1.3 STREET ADDRESS	8201 73 RD COURT N
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	PINELLAS PARK FL
TITLE	DVP	2.1 TITLE	PREVIOUSLY
NAME	MASTRY, CONSTANTINE	2.2 NAME	MASTRY, CONSTANTINE
STREET ADDRESS	8360 73RD COURT N.	2.3 STREET ADDRESS	8360 73RD COURT N.
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	PINELLAS PARK FL
TITLE	DT	3.1 TITLE	VP DVP VICE PRESIDENT
NAME	WIECHEC, JOSEPH	3.2 NAME	WIECHEC, JOSEPH
STREET ADDRESS	8280 73 COURT N.	3.3 STREET ADDRESS	8280 73 COURT N.
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)