

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003735

1. Entity Name

BAYOU POINTE HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91335 009 \*\*\*\*61.25

Principal Place of Business

8201 73RD COURT NORTH  
PINELLAS PARK FL 33781  
US

Mailing Address

8201 73RD COURT NORTH  
PINELLAS PARK FL 33781  
US

2. Principal Place of Business

8301 73<sup>rd</sup> COURT N.

Suite, Apt. #, etc.

3. Mailing Address

7361 82<sup>nd</sup> AVENUE N

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip  
33781

Country

City & State

PINELLAS PARK, FL

Zip  
33781

Country

4. FEI Number

59-3257245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                    |                                                                        |                                            |
|----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>SETTGAST, CHARLES<br>7361 82ND AVENUE<br>PINELLAS PARK FL 33781  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>SPACONE, DENISE<br>8301 73RD COURT N.<br>PINELLAS PARK FL 33781 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>YORK, LEE<br>8201 73RD COURT<br>PINELLAS PARK FL 33781           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                    |                                                                                       |                                                                                         |
|----------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>SPACONE, DENNIS<br>8301 73 <sup>rd</sup> COURT N.<br>PINELLAS PARK, FL 33781    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>WHITMILL, RENEE<br>8300 73 <sup>rd</sup> COURT<br>PINELLAS PARK, FL-33781      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>SETTGAST, CHARLES<br>7361 82 <sup>nd</sup> AVENUE N.<br>PINELLAS PARK, FL 33781 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)