

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005685

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** BAY POINTE VISTA I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

236 HIDDEN BAY DR.  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

BARLOW GROUP, INC  
3412 CLARK RD PMB 236  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 65-0634910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARLOW GROUP, INC.  
BARLOW GROUP, INC  
2828 CLARK RD STE 7  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOBRITZ, NICOLA  
Address: 236 HIDDEN BAY DR #303  
City-St-Zip: OSPREY, FL 34229

Title: VD ( ) Delete  
Name: GUTKNECHT, HAROLD  
Address: 236 HIDDEN BAY DR #602  
City-St-Zip: OSPREY, FL 34229

Title: STD ( ) Delete  
Name: O'ROURKE, LINDA  
Address: 236 HIDDEN BAY DR #304  
City-St-Zip: OSPREY, FL 34229

Title: AS ( ) Delete  
Name: BURNETT, CLIVE  
Address: 3412 CLARK RD #236  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIVE BURNETT

AS

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date