

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000006060

1. Entity Name
BAY CLUB POINTE II HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**7237 BAY CLUB WAY
ORLANDO, FL 32835**

Mailing Address
**7237 BAY CLUB WAY
ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE

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03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3350760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REEDER, JACK E
7237 BAY CLUB WAY
ORLANDO, FL 32835**

**DO NOT WRITE
IN THIS SPACE**

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 Jack E. Reeder x Jack E. Reeder 3-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REEDER, MARILYN 7237 BAY CLUB WAY ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WHITNEY, LEIGH 7229 BAY CLUB WAY ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HINES, GEORGE 7205 BAY CLUB WAY ORLANDO, FL 32835
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03/05/04-80056-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marilyn R. Reeder Marilyn R. Reeder 3/3/04 407-296-4791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #