2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005. 08:00 AM
Secretary of State

DOCUMENT # N95000006060

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

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

DO NOT WRITE IN THIS SPACE

01132005 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 02/09/05
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REEDER, MARILYN
STREET ADDRESS	7237 BAY CLUB WAY
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VPD
NAME	WHITNEY, LEIGH
STREET ADDRESS	7229 BAY CLUB WAY
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD
NAME	HINES, GEORGE
STREET ADDRESS	7205 BAY CLUB WAY
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000225863
02/11/05-80060-005 61.25

DO NOT WRITE IN THIS SPACE

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: Marilyn R Reeder 02/09/05 (407) 296-4791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #