

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

1/10/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000389542
01/20/06-80052-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 E Reeder

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

407-296-4791

Daytime Phone #