2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000006060

Entity Name

BAY CLUB POINTE II HOMEOWNER'S ASSOCIATION,



FILED Feb 19, 2007 08:00 AM Secretary of State

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

02122007 No Chg-NP C

CR2E037 (4/06)

4. FEI Number 59-3350760

Applied For Not Applicable

5. Certificate of Status Desired

Marilyn R. Reeder 2/12/07 417-296

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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 Signature typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
|---|--|--|--------------|--------------------------------|--------------------------|--|
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | \$5.00 May Be Added to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE PD REEDER, MARILYN 7237 BAY CLUB WAY ORLANDO, FL 32835 | CTORS | U00000642194 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WHITNEY, LEIGH 7229 BAY CLUB WAY ORLANDO, FL 32835 | 03/01/07-80033-011 61.2 EIGH JUB WAY | | | 03/01/07-80033-011 61.25 | |
| NAME STREET ADDRESS CITY-ST-ZIP | TD HINES, GEORGE 7205 BAY CLUB WAY ORLANDO, FL 32835 | | | DO NOT WRITE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 atjachment with an address, with all other like empowered. | | | | | | |