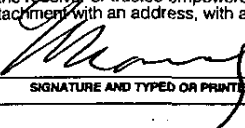


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90009 005 ****61.25

DOCUMENT # N96000003585 1. Entity Name BAY POINTE VISTA III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 242 HIDDEN BAY DR. OSPREY, FL 34229 US			Mailing Address C/O PROGRESSIVE COMMUNITY MGMT. PO BOX 20096 SARASOTA, FL 34276 US		
2. Principal Place of Business 1801 GLENGARY ST Suite, Apt. #, etc.		3. Mailing Address 1801 GLENGARY ST Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0556019	
Zip 34231		Country SARASOTA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 630 S ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, GEORGE L 242 HIDDEN BAY DR #503 OSPREY, FL 34229 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETITO, VICTOR B 242 HIDDEN BAY DR #404 OSPREY, FL 34229 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPEARS, RICHARD 242 HIDDEN BAY DR #502 OSPREY, FL 34229 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			1-23-04 941-921-5393		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

MAIL