

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90056 040 ****61.25

DOCUMENT # N96000003585



1. Entity Name

**BAY POINTE VISTA III CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

**210 HIDDEN BAY DRIVE
OSPREY FL 34229
US**

Mailing Address

**C/O CPA PROP. MGMT
PO BOX 20096
SARASOTA FL 34276
US**

2. Principal Place of Business

242 HIDDEN BAY DR

3. Mailing Address

C/O PROGRESSIVE COMMUNITY MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 20096

City & State

OSPREY FL 34229

City & State

SARASOTA FL

4. FEI Number **65-0556019**

Applied For

Not Applicable

Zip

34229

Country

US

Zip

34276

Country

US

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **EDWARDS, GEORGE L**
STREET ADDRESS **242 HIDDEN BAY DR #503**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **DVP** ☐ Delete
NAME **PETITO, VICTOR B**
STREET ADDRESS **242 HIDDEN BAY DR #404**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **DST** ☐ Delete
NAME **SPEARS, RICHARD**
STREET ADDRESS **242 HIDDEN BAY DR #502**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

GEORGE L EDWARDS

2/6/03

941-929-1510

CR2E037 (10/02)