

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 030 ****61.25

DOCUMENT # N96000003586					
1. Entity Name BAY POINTE VISTA II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1801 GLENGARY ST. SARASOTA, FL 34231 US			Mailing Address 1801 GLENGARY ST. SARASOTA, FL 34231 US		
2. Principal Place of Business 232 HIDDEN BAY DRIVE		3. Mailing Address BARLOW GROUP, INC. Suite, Apt. #, etc. 3412 CLARK RD. PMB# 236			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OSPREY, FL		City & State SARASOTA, FL			
Zip 34229	Country USA	Zip 34231	Country USA	4. FEI Number 65-0556019	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MANAGEMENT INC 1801 GLENGARY ST. SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name: BARLOW GROUP, INC. Street Address (P.O. Box Number is Not Acceptable): 2828 CLARK ROAD, SUITE #7 City: SARASOTA FL Zip Code: 34231		
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: <i>[Signature]</i> JONE BARLOW WEIST, PRESIDENT, BARLOW GROUP, INC. 03/06/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME FERNEY, CATHY STREET ADDRESS 232 HIDDEN BAY DR #602 CITY-ST-ZIP OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete		TITLE PD NAME NEUMANN, ANDRE STREET ADDRESS 232 HIDDEN BAY DRIVE #301 CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME FASOLD, HANN STREET ADDRESS 232 HIDDEN BAY DR #404 CITY-ST-ZIP OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete		TITLE STD NAME FASOLD, WILLIAM STREET ADDRESS 232 HIDDEN BAY DRIVE #404 CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MCALLISTER, SCOTT STREET ADDRESS 232 HIDDEN BAY DR #403 CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE AS NAME WEIST, JONE B. STREET ADDRESS 3412 CLARK ROAD #236 CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME MARKEL, JIM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE AT NAME SUTTON, WILLIAM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME SUTTON, WILLIAM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE AT NAME SUTTON, WILLIAM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> JONE BARLOW WEIST, AS 03/06/2006 (941) 927-1946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					