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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005004 (3)**

1. Corporation Name

BAY POINTE VISTA IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**109 OVERLEA WAY
VENICE FL 34292**

Mailing Address

**109 OVERLEA WAY
VENICE FL 34292**

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

65-0556019

Applied For

Not Applicable

2. Principal Place of Business

21 210 Hidden Bay Drive

Suite, Apt. #, etc.

**22 City & State
Osprey, FL**

**23 Zip
34229**

**25 Country
Sarasota**

2a. Mailing Address

26 210 Hidden Bay Drive

Suite, Apt. #, etc.

**27 City & State
Osprey, FL**

**28 Zip
34229**

**30 Country
Sarasota**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PATTERSON, JOHN
46 N. WASHINGTON BLVD., STE. 1
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE

NAME **Samuel O. Shanaberger**

STREET ADDRESS **210 Hidden Bay Drive**

CITY-ST-ZIP **Osprey, FL 34229**

TITLE **DVPT** ☐ DELETE

NAME **Dieter Gebhard**

STREET ADDRESS **210 Hidden Bay Drive**

CITY-ST-ZIP **Osprey, FL 34229**

TITLE **DAS** ☐ DELETE

NAME **Kirby Sniffen**

STREET ADDRESS **210 Hidden Bay Drive**

CITY-ST-ZIP **Osprey, FL 34229**

TITLE **DVPA** ☐ DELETE

NAME **Mamie Thomas**

STREET ADDRESS **210 Hidden Bay Drive**

CITY-ST-ZIP **Osprey, FL 34229**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Samuel O. Shanaberger

05/12/98

941-918-9321

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