Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006661

1. Corporation Name

BAYPOINTE DEVELOPMENT OF ST. AUGUSTINE, INC.

Mailing Address 1485 SHADWELL CIRCLE HEATHROW FL 32746 1485 SHADWELL CIRCLE HEATHROW FL 32746 22 Principal Place of Business 23 Amailing Address 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State 29 City & State 21 Country 21 Country 22 Principal Place of Business 22 City & State 23 City & State 24 City Country 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Suite, Apt. #, etc. 30 Country 40 Suite, Apt. #, etc. 40 Suite, Apt. #, etc. 41 Suite, Apt. #, etc. 42 Suite, Apt. #, etc. 43 Suite, Apt. #, etc. 44 City Suite for Status Desired Suite of Status Desired Suite of Status Desired Suite Suite Suite, Apt. #, etc. 45 Suite, Apt. #, etc. 46 Election Campaign Financing Address of Current Registered Agent 47 Country 48 State Country 80 Suite	*		a iii i i ii fi iii								
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11. Pursuant to the provisions of Scotions 607,0502 and 607,1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing if 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 a gent. Jam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATUFE SIGNATUFE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT II. ITITLE BARKER, WILLIAM C 12. NAME BARKER, WILLIAM C 13. STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 14. City-ST-ZIP TITLE DELETE 13. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 23. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. TITLE Change					Name	81			31030 01 041	5. Hairo and Ha	
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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 simual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an an attact tief with an address, with a lother like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition