

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51052

Entity Name: BAY POINTE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**6413 CONGRESS AVE, STE 200
BOCA RATON, FL 33487**Current Mailing Address:**6413 CONGRESS AVE, STE 200
BOCA RATON, FL 33487 US**FEI Number:** 65-0425433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGER, RANDALL KP.A.
621 NW 53RD ST., SUITE 300
BOCA RATON, FL 33487 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WINIG, CAROL
Address	2165 NW 62ND DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	STEINART, NAT
Address	2192 NW 62ND DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	TREASURER
Name	DROZDOFF, FRED
Address	6237 NW 21ST CT
City-State-Zip:	BOCA RATON FL 33496

Title	T
Name	AUGUST, MIKE
Address	6260 NW 21ST CT
City-State-Zip:	BOCA RATON FL 33496

Title	SECRETARY
Name	COHEN, LAWRENCE
Address	2127 N.W. 62ND DRIVE
City-State-Zip:	BOCA RATON FL 33498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE AUGUST

T

01/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date