## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015934

Entity Name: BAY POINTE APARTMENTS, LLC

### **Current Principal Place of Business:**

613 SOUTH 12TH STREET LEESBURG, FL 34748

# **Current Mailing Address:**

613 SOUTH 12TH STREET LEESBURG, FL 34748

# FEI Number: 20-2345948

#### Name and Address of Current Registered Agent:

MAGALSKI, DAVID 613 SOUTH 12TH STREET LEESBURG, FL 34748 US FILED Feb 19, 2020 Secretary of State 7921423226CC

Date

Certificate of Status Desired: Yes

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

## Authorized Person(s) Detail :

Title	Ρ	Title	VPT
Name	MAGALSKI, DAVID	Name	MAGALSKI, BARBARA
Address	613 S 12TH STREET	Address	613 S 12TH STREET
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	DIR	Title	DIR
Name	MAGALSKI, SHELLEY A	Name	MAGALSKI, JAMES H
Address	613 SOUH 12TH STREET	Address	613 SOUTH 12TH STREET
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	DIR		
Name	MAGALSKI, SANDRA D		
Address	613 SOUTH 12TH STREET		
City-State-Zip:	LEESBURG FL 34748		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA MAGALSKI

VPT

Electronic Signature of Signing Authorized Person(s) Detail

Date