

2014 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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAGALSKI, DAVID
613 SOUTH 12TH STREET
LEESBURG, FL 34748 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

Authorized Person(s) Detail :

Title P
Name MAGALSKI, DAVID
Address 613 S 12TH STREET
City-State-Zip: LEESBURG FL 34748

Title VPT
Name MAGALSKI, BARBARA
Address 613 S 12TH STREET
City-State-Zip: LEESBURG FL 34748

Title DIR
Name MAGALSKI, SHELLEY A
Address 613 SOUH 12TH STREET
City-State-Zip: LEESBURG FL 34748

Title DIR
Name MAGALSKI, JAMES H
Address 613 SOUTH 12TH STREET
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: DAVID MAGALSKI

PRESIDENT

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date