

**2024 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:** SANDRA MAGALSKI

**DIRECTOR**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date