

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2006
Secretary of State**

DOCUMENT# N35255

Entity Name: BAY PINE SHORES, HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

311 PISCES DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 2358
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3606076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SCOTT
311 PISCES DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, SCOTT
Address: 311 PISCES DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD () Delete
Name: BUDUCEA, VIORICA
Address: 24 CESSNA STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Delete
Name: BEARD, VICKY
Address: 223 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD (X) Delete
Name: LOPEZ, ROBERT
Address: 95 CAROLYNN LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ASD (X) Delete
Name: CARNES, RICHARD
Address: 402 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOPEZ, ROBERT
Address: 95 CAROLYNN LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change () Addition
Name: CARNES, JOHNNY
Address: 402 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT SMITH

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04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date