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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000898

1. Corporation Name
BAY POINT WEST PROPERTY OWNER'S ORGANIZATION, INC.

Principal Place of Business 100 DELLWOOD BEACH RD PANAMA CITY BEACH FL 32408	Mailing Address P O BOX 28441 PANAMA CITY BEACH FL 32411 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2997526
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHIPMAN, IMS
100 DELLWOOD BEACH RD
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, LILLIAN	
STREET ADDRESS	100 DELLWOOD BEACH RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PASQUALE, BOB	
STREET ADDRESS	254 MARLIN CIR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ANN	
STREET ADDRESS	459 WAHOO RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FUSSELMAN, SANDRA	
STREET ADDRESS	316 WAHOO RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPINNER, ERNEST	
STREET ADDRESS	393 WAHOO RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pasquale, Bob
2.3 STREET ADDRESS	254 Marlin Circle
2.4 CITY-ST-ZIP	Panama City Beach, FL
3.1 TITLE	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miller, Ann
3.3 STREET ADDRESS	459 Wahoo Rd.
3.4 CITY-ST-ZIP	Panama City Beach, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wesson, Jane
4.3 STREET ADDRESS	381 Wahoo Rd.
4.4 CITY-ST-ZIP	Panama City Beach, FL
5.1 TITLE	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Spinner, Ernest
5.3 STREET ADDRESS	393 Wahoo Road
5.4 CITY-ST-ZIP	Panama City Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Cooper* **SIGNATURE REQUIRED** Date: *8 March 99* Daytime Phone # _____

CR2E037 (1/1/98)