


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90068 043 ****61.25

DOCUMENT # N97000000898

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



Principal Place of Business
 2605 THOMAS DR
 STE 220
 PANAMA CITY BEACH, FL 32408

Mailing Address
 P O BOX 28441
 BAY POINT, FL 32411-8441 US

2. Principal Place of Business
 3900 Marriott Drive
 Suite, Apt. #, etc.
 Suite K

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Panama City FL

City & State

Zip
 32408

Country
 US



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2997526

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REED, GORDON
 233 MARLIN CIR.
 PANAMA CITY, FL 32411-7196

7. Name and Address of New Registered Agent
 Name: R. Jeffrey Brooks
 Street Address (P.O. Box Number is Not Acceptable): 547 Wahoo Rd.
 City: Bay Point FL Zip Code: 32411-7127

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *R. Jeffrey Brooks* R. Jeffrey Brooks 04/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, DOUG 229 MARLIN CIRCLE BAY POINT, FL 324117506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, GEORGE 623 AMBERJACK DR. BAY POINT, FL 324117928 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AKST, PATTI 623 AMBERJACK DR. BAY POINT, FL 324117928 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, GORDON 233 MARLIN CIRCLE BAY POINT, FL 324117196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JEFF 547 WAHOO RD. BAY POINT, FL 324117127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOCK, RAY 437 WAHOO RD. BAY POINT, FL 324117310 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jim Wesson 381 Wahoo Road Bay Point FL 32411-8299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alvin Muller 617 Amberjack Drive Bay Point FL 32411-7642 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosemarie Brooks 441 Wahoo Road Bay Point FL 32411-7430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jeffrey Brooks 547 Wahoo Rd. Bay Point FL 32411-7127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *R. Jeffrey Brooks* R. Jeffrey Brooks 04/12/04 850 223 6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #