


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90068 021 ****61.25

DOCUMENT # N97000000898					
1. Entity Name BAY POINT WEST PROPERTY OWNER'S ORGANIZATION, INC.					
Principal Place of Business 3900 MARRIOTT DRIVE SUITE K PANAMA CITY BEACH, FL 32408		Mailing Address P O BOX 28441 BAY POINT, FL 32411-8441 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2997526	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BROOKS, JEFFREY 547 WAHOO RD. PANAMA CITY, FL 32411-7127			7. Name and Address of New Registered Agent Name <u>Douglas Clark</u> Street Address (P.O. Box Number is Not Acceptable) <u>229 Marlin Circle</u> City <u>Bay Point</u> FL Zip Code <u>32411-7506</u>		
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 <u>Douglas A Clark, President</u> DATE <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, DOUG	NAME	<u>Douglas Clark</u>		
STREET ADDRESS	229 MARLIN CIRCLE	STREET ADDRESS	<u>229 Marlin Circle</u>		
CITY-ST-ZIP	BAY POINT, FL 324117506	CITY-ST-ZIP	<u>Bay Point FL 32411-7506</u>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WESSON, JIM	NAME	<u>Charles Ralls</u>		
STREET ADDRESS	381 WAHOO ROAD	STREET ADDRESS	<u>1417 Trout Drive</u>		
CITY-ST-ZIP	PANAMA CITY, FL 324118299	CITY-ST-ZIP	<u>Bay Point FL 32411-7968</u>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULLER, ALVIN	NAME	<u>Greg Lissor</u>		
STREET ADDRESS	617 AMBER JACK DRIVE	STREET ADDRESS	<u>408 Wahoo Road</u>		
CITY-ST-ZIP	PANAMA CITY, FL 324117642	CITY-ST-ZIP	<u>Bay Point FL 32411-7127</u>		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, GORDON	NAME	<u>Henry Hall</u>		
STREET ADDRESS	233 MARLIN CIRCLE	STREET ADDRESS	<u>467 Wahoo Rd</u>		
CITY-ST-ZIP	BAY POINT, FL 324117196	CITY-ST-ZIP	<u>Bay Point FL 32411-7115</u>		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROOKS, JEFFREY	NAME	<u>Joyce Muller</u>		
STREET ADDRESS	547 WAHOO RD.	STREET ADDRESS	<u>617 Ambersjack Dr.</u>		
CITY-ST-ZIP	BAY POINT, FL 324117127	CITY-ST-ZIP	<u>Bay Point FL 32411-7642</u>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, ROSEMARIE	NAME			
STREET ADDRESS	441 WAHOO ROAD	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 324117430	CITY-ST-ZIP			
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: <u>Douglas A Clark</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/11/05</u> Daytime Phone # <u>(850)234-2727</u>	

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