
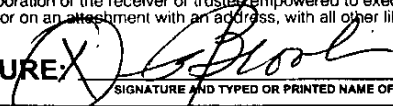


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 038 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2997526	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, HENRY 467 WAHOO RD BAY POINT, FL 32411-7115			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, HENRY		NAME		
STREET ADDRESS	467 WAHOO RD		STREET ADDRESS		
CITY-ST-ZIP	BAY POINT, FL 324117115		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINTOLI, JEFF		NAME		
STREET ADDRESS	1114 REDFISH		STREET ADDRESS		
CITY-ST-ZIP	BAY POINT, FL 324117824		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LISSOR, GREG		NAME	Dean Resch	
STREET ADDRESS	408 WAHOO RD		STREET ADDRESS	814 DOLPHIN DR.	
CITY-ST-ZIP	BAY POINT, FL 324117127		CITY-ST-ZIP	BAY POINT, FL 32411-8492	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, DAVID		NAME		
STREET ADDRESS	441 WAHOO RD		STREET ADDRESS		
CITY-ST-ZIP	BAY POINT, FL 32411		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLER, JOYCE		NAME		
STREET ADDRESS	617 AMBERJACK DR		STREET ADDRESS		
CITY-ST-ZIP	BAY POINT, FL 324117642		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, VAN		NAME	Todd Williams	
STREET ADDRESS	922 COBIA		STREET ADDRESS	1730 WAHOO CIRCLE	
CITY-ST-ZIP	BAY POINT, FL 324117580		CITY-ST-ZIP	BAY POINT, FL 32411-7941	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			2/1/08 (850-234-2727)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40018455

