

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90072 019 ****61.25

0068046

DOCUMENT # N97000000898

1. Entity Name

BAY POINT WEST PROPERTY OWNER'S ORGANIZATION, IN C.



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

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

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRAHAM, BILL
122 MARTIN CIRCLE
P O BOX 27270
BAY POINT FL 32411-7506

7. Name and Address of New Registered Agent

Name **Gordon Reed**

Street Address (P.O. Box Number is Not Acceptable)
233 Marlin Circle

City **Bay Point**

FL

Zip Code **32411-7196**

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

Gordon Reed **Gordon Reed**

3/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE NAME | D CLARK, DOUG | <input type="checkbox"/> Delete |
| STREET ADDRESS | 229 MARLIN CIRCLE | |
| CITY-ST-ZIP | BAY POINT FL 32411-7506 | |
| TITLE NAME | S MOORE, JANE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 397 WAHOO RD | |
| CITY-ST-ZIP | BAYPOINT FL 32411-7506 | |
| TITLE NAME | D MOLLMAN, LE'ANNE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 817 DOLPHIN | |
| CITY-ST-ZIP | BAYPOINT FL 32411-7510 | |
| TITLE NAME | T REED, GORDON | <input type="checkbox"/> Delete |
| STREET ADDRESS | 233 MARLIN CIRCLE | |
| CITY-ST-ZIP | BAY POINT FL 32411-7196 | |
| TITLE NAME | V STONER, BOB | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 101 MARLIN CIRCLE | |
| CITY-ST-ZIP | BAY POINT FL 32411-7757 | |
| TITLE NAME | P GRAHAM, BILL | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 122 MARLIN CIRCLE | |
| CITY-ST-ZIP | BAY POINT FL 32411-7270 | |

| | | |
|----------------|---------------------------------|---|
| TITLE NAME | D Doug Clark | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 229 Marlin Circle | |
| CITY-ST-ZIP | Bay Point FL 32411-7506 | |
| TITLE NAME | S George Scott | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 623 Amberjack Drive | |
| CITY-ST-ZIP | Bay Point FL 32411-7928 | |
| TITLE NAME | P Patti Akst. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 622 Amberjack Drive | |
| CITY-ST-ZIP | Bay Point FL 32411-7157 | |
| TITLE NAME | D Jeff Brooks | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 547 Wahoo Road | |
| CITY-ST-ZIP | Bay Point FL 32411-7127 | |
| TITLE NAME | P Ray Spock | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 432 Wahoo Road | |
| CITY-ST-ZIP | Bay Point FL 32411-7310 | |

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:

SIGNATURE REQUIRED

Gordon Reed **Gordon Reed** **3/10/03** **18502234-2717**

CR2E037 (10/02)