

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000000898

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

**FILED**  
**Mar 03, 2023**  
**Secretary of State**  
**7607981478CC**

**Current Principal Place of Business:**

4000 MARRIOTT DRIVE  
SUITE C  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

P.O. BOX 28203  
BAY POINT, FL 32411-7089 US

**FEI Number: 59-2997526**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAY POINT COMMUNITY ASSOCIATION, INC  
4000 MARRIOTT DRIVE  
SUITE C  
BAY POINT, FL 32408 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PENNY, JIM  
Address        P.O. BOX 28203  
City-State-Zip: BAY POINT FL 32411-7089

Title            TREASURER  
Name            HARBIN, PATTI  
Address        P.O. BOX 28203  
City-State-Zip: BAY POINT FL 32411-7089

Title            SECRETARY  
Name            GREEN, AMBER  
Address        P.O. BOX 28203  
City-State-Zip: BAY POINT FL 32411-7089

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATTI HARBIN**

**TREASURER**

**03/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date