

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-21-2008 90107 016 ****61.25

DOCUMENT # 770332 1. Entity Name BAY POINT PROPERTY OWNERS ASSOCIATION OF PALM CITY, INC.			
Principal Place of Business BRISTOL MANAGEMENT SERVICES, INC. 1930 COMMERCE LANE, STE. 1 JUPITER, FL 33458 US		Mailing Address BRISTOL MANAGEMENT SERVICES, INC. 1930 COMMERCE LANE, STE. 1 JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box # 543 NW LAKE WHITNEY PLACE Suite, Apt. #, etc. SUITE 101 City & State PORT ST LUCIE FLORIDA Zip 34986		3. Mailing Address 543 NW LAKE WHITNEY PLACE Suite, Apt. #, etc. SUITE 101 City & State PORT ST LUCIE FLORIDA Zip 34986	
4. FEI Number 65-0104162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRISTOL MANAGEMENT SERVICES, INC. 1930 COMMERCE LANE, STE. 1 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</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 NAME STREET ADDRESS CITY - ST - ZIP V NONEMAN, TOM 721 SW BAY POINT CIRCLE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP S ANTHONY GIACOMO 1219 SWEETEST PLACE PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP P SMITH, MICHAEL 841 SW BAY POINT CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP S VECCHIA, EUGENE D 1255 SW ESTATES PLACE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D CORIGLIANO, FRANK 900 SW BAY POINT CIRCLE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D TUFANO, CHARLES 1201 SW ESTATES PLACE PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP T AOLER, STEPHEN 881 SW BAY POINT CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete	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"/> Delete	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 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: <u>Mike Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/18/08</u> <small>Daytime Phone #</small>	