

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N02000002735

Entity Name: BAY PINE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 36157  
PENSACOLA, FL 32516

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 36157  
PENSACOLA, FL 32516

**New Mailing Address:**

FEI Number: 01-0699916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MATTHEWS, EDSEL F JR  
308 S. JEFFERSON STREET  
PENSACOLA, FL US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPUS, JOSEPH  
Address: 1311 SOUNDVIEW TRAIL  
City-St-Zip: GULF BREEZE, FL 32561

Title: VD ( ) Delete  
Name: MATTHEWS, EDSEL F JR  
Address: 308 S. JEFFERSON STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: STD ( ) Delete  
Name: JONES, BECKY  
Address: 497 BAY PINE VILLAS DR.  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BECKY JONES

STD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date