


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002735 1. Entity Name BAY PINE VILLAS HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business P.O. BOX 36157 PENSACOLA, FL 32516	Mailing Address P.O. BOX 36157 PENSACOLA, FL 32516
--	--

DO NOT WRITE IN THIS SPACE



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0699916	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

**MATTHEWS, EDESEL F JR
308 S. JEFFERSON STREET
PENSACOLA, FL**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000677211 03/30/07-80095-015 61.25
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPUS, JOSEPH 1311 SOUNDVIEW TRAIL GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, EDESEL F JR 308 S. JEFFERSON STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, BECKY 497 BAY PINE VILLAS DR. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Becky Jones **3/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #