2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# N05000008278

Entity Name: BAY POINT RESIDENCES ASSOCIATION, INC.

Current Principal Place of Business:

C/O MARRIOTT RESORTS HOSPITALITY CORPORATI
6649 WESTWOOD BOULEVARD, SUITE 500
ORLANDO, FL 328216090

New Principal Place of Business:

Current Mailing Address:

C/O MARRIOTT RESORTS HOSPITALITY CORPORATI
6649 WESTWOOD BOULEVARD, SUITE 500
ORLANDO, FL 328216090

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: FORRESTER, GREGG S
Address: 6649 WEST BOULEVARD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 328216090

Title: D ( ) Delete
Name: SHONKWILER, JAMES
Address: 6649 WEST BOULEVARD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 328216090

Title: D ( ) Delete
Name: ALBERT, JOHN D
Address: 6649 WEST BOULEVARD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 328216090

Title: D ( ) Delete
Name: SIMMONS, CAROL
Address: 6649 WEST BOULEVARD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 328216090

Title: D ( ) Delete
Name: COMFORT, JEFF
Address: 6649 WEST BOULEVARD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 328216090

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:

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 Chapter 119, 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: GREGG FORRESTER D 02/16/2006

Electronic Signature of Signing Officer or Director — Date