

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008278

1. Entity Name
BAY POINT RESIDENCES ASSOCIATION, INC.



Principal Place of Business

**C/O MARRIOTT RESORTS HOSPITALITY CORPORATI
6649 WESTWOOD BOULEVARD, SUITE 500
ORLANDO, FL 32821-6090**

Mailing Address

**C/O MARRIOTT RESORTS HOSPITALITY CORPORATI
6649 WESTWOOD BOULEVARD, SUITE 500
ORLANDO, FL 32821-6090**



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000850845
06/04/08-80008-004 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME FORRESTER, GREGG S
STREET ADDRESS 6649 WEST BOULEVARD, 4TH FLOOR
CITY-ST-ZIP ORLANDO, FL 328216090

TITLE D
NAME SHONKWILER, JAMES
STREET ADDRESS 6649 WEST BOULEVARD, 4TH FLOOR
CITY-ST-ZIP ORLANDO, FL 328216090

TITLE D
NAME ALBERT, JOHN D
STREET ADDRESS 6649 WEST BOULEVARD, 4TH FLOOR
CITY-ST-ZIP ORLANDO, FL 328216090

TITLE D
NAME SIMMONS, CAROL
STREET ADDRESS 6649 WEST BOULEVARD, 4TH FLOOR
CITY-ST-ZIP ORLANDO, FL 328216090

TITLE D
NAME COMFORT, JEFF
STREET ADDRESS 6649 WEST BOULEVARD, 4TH FLOOR
CITY-ST-ZIP ORLANDO, FL 328216090

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/08 407 206 8428