FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # N25646 (3)

1. Corporation Name
BAY POINT CITIZENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
218 HARBOR DRIVE SOUTH VENICE FL 34285	218 HARBOR DRIVE SOUTH VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0107798 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 416 PALMETTO CRESCENT	26
22 Suite, Apt. #, etc.	27 P.O. Box 629
23 City & State: NOKOMIS, FL	28 NOKOMIS FL.
24 Zip: 34275	29 3427
25 Country: USA	30 USA

9. Name and Address of Current Registered Agent

~~MILLER, RAYMOND E.~~
~~218 HARBOR DRIVE SOUTH~~
~~VENICE FL 34285~~

10. Name and Address of New Registered Agent

81 Name: MRS. B. J. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 416 PALMETTO CRESCENT
83: NOKOMIS, FL. 34275
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: B J Brown B J BROWN PRESIDENT FEB 18, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☒ Addition
NAME	NORWOOD, WILLIAM	12 NAME	
STREET ADDRESS	511 PALM AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	14 CITY-ST-ZIP	34275
TITLE	P	21 TITLE	☐ Change ☒ Addition
NAME	BROWN, B J	22 NAME	
STREET ADDRESS	416 PALMETTO CRESCENT	23 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	24 CITY-ST-ZIP	34275
TITLE	ST	31 TITLE	ST ☒ Change ☐ Addition
NAME	WILSON, JEAN M.	32 NAME	MRS LISA DAUBENSCHMIDT
STREET ADDRESS	413 PALM AVE.	33 STREET ADDRESS	410 LYONS BAY ROAD
CITY-ST-ZIP	NOKOMIS FL	34 CITY-ST-ZIP	NOKOMIS, FL. 34275
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	MCINTYRE, ROBERT	42 NAME	MA. LEE TURNER
STREET ADDRESS	222 PAVONIA ROAD	43 STREET ADDRESS	521 LYONS BAY RD.
CITY-ST-ZIP	NOKOMIS FL	44 CITY-ST-ZIP	NOKOMIS, FL. 34275
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	CARNEY, THOMAS	52 NAME	
STREET ADDRESS	422 PALMETTO CRESCENT	53 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	54 CITY-ST-ZIP	34275
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	HINE, HOPE	62 NAME	
STREET ADDRESS	509 PALM AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	64 CITY-ST-ZIP	34275

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B J Brown 1/22/95 813 488 8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

084390