FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N25646 (3)

1. Corporation Name

BAY POINT CITIZENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
416 PALMETTO CRESCENT NOKOMIS FL 34275 US	P O BOX 629 NOKOMIS FL 34275 US

3. Date Incorporated or Qualified: 03/29/1988

3a. Date of Last Report: 02/24/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, B. J.
416 PALMETTO CRESCENT
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORWOOD, WILLIAM 511 PALM AVE. NOKOMIS FL	☒ DELETE	1.1 TITLE VICE P. 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	LEIS, CARROLL 220 PAMETO ROAD NOKOMIS FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, B J 416 PALMETTO CRESCENT NOKOMIS FL	☐ DELETE	2.1 TITLE DIR. 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	NORWOOD, WILLIAM 511 PALM AVE. NOKOMIS FL. 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DAUBENSCHMIDT, LISA 410 LYONS BAY ROAD NOKOMIS F	☐ DELETE	3.1 TITLE DIR 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TROYER, ROBERTSON 511 PAMETO RD. NOKOMIS FL. 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, LEE 521 LYONS BAY DR NOKOMIS FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNEY, THOMAS 422 PALMETTO CRESCENT NOKOMIS FL	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINE, HOPE 509 PALM AVE. NOKOMIS FL	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 4/11/96 (941)488 8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #