2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State **DOCUMENT # N25646** 1. Entity Name 05-16-2001 90372 021 ****61.25 BAY POINT CITIZENS ASSOCIATION, INC. Principal Place of Business Mailing Address 416 PALMETTO CRESCENT P O BOX 629 76658 NOKOMIS FL 34275 NOKOMIS FL-94276-2. Principal Place of Business 3. Mailing Address 220 PAMETO ROAD Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0107798 Not Applicable NOICOMIS Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34274 - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, B. J. 416 PALMETTO CRESCENT NOKOMIS.FL 34275 NOKOMIS 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. SIGNATURE 9. Election Campaign Financing. Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President LORAINE A. THENCE TITLE TITLE ☑ Change ☐ Addition Delete BROWN, B.J. NAME NAME 220 PAMETO ROAD STREET ADDRESS 416 PALMETTO CRESCENT STREET ADDRESS NO/CO415, FL 34275 CITY-ST-ZIP CITY-ST-ZIP **NOKOMIS FL** SECRETARY CARROLL LEIS Delete Change ☐ Addition NORWOOD, WILLIAM MAME NAME 505 PAM AUE STREET ADDRESS STREET ADDRESS 511 PALM AVE City-St-7le NOKOMIS, FL 34275 CITY-ST-ZIP. NOKOMIS FL -TREASURER TITLE-Delete TITLE Change. ☐ Addition DAUBENSCHMIDT, LISA SANDRA NOYES NAME NAME 227 PANGTO RAND STREET ADDRESS STREET ADDRESS 410 LYONS BAY ROAD CITY-ST-ZIP CITY-ST-ZIP NOKOMIS F NOKOMIS_FL34271 VICE PRESIDENT D TITLE **⊠** Delete TITLE Change ☐ Addition KAREN Gowlet TURNER, LEE NAME NAME 329 PALMETTO ROAD STREET ADDRESS 521 LYONS BAY DR STREET ADDRESS CITY-ST-ZIP **NOKOMIS FL** CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Delete TITLE D Change : ☐ Addition NAME NAME NORMAN TOSTI STREET ADDRESS STREET ADDRESS MOHOMIS, IZL 3 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME BOLLIE ROX STREET ADDRESS STREET ADDRESS 308 arove 5T NOKOMIS, FL 34275 CITY-ST-7IP

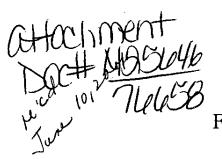
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

485-6291





Secretary of State

May 31, 2001

BAY POINT CITIZENS ASSOCIATION, INC. P O BOX 629 NOKOMIS, FL 34274 US

Subject: BAY POINT CITIZENS ASSOCIATION, INC.

Reference N25646 Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cj ANNUAL REPORTS SECTION