

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-16-2001 90372 021 ****61.25

DOCUMENT # N25646

1. Entity Name

BAY POINT CITIZENS ASSOCIATION, INC.

Principal Place of Business

416 PALMETTO CRESCENT
 NOKOMIS FL 34275
 US

Mailing Address

P O BOX 629
 NOKOMIS FL 34275
 US

2. Principal Place of Business

220 PAMETO ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NOKOMIS FL

Zip

34275

Country

US

City & State

Zip

34274

Country

4. FEI Number

65-0107798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 LORAIN A. TUENGE
 Street Address (P.O. Box Number is Not Acceptable)
 220 PAMETO ROAD
 City
 NOKOMIS FL Zip Code
 34275

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

Loraine A. Tuenge
 Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

4/30/2001
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, B.J. 416 PALMETTO CRESCENT NOKOMIS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, WILLIAM 511 PALM AVE NOKOMIS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAUBENSCHMIDT, LISA 410 LYONS BAY ROAD NOKOMIS F	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, LEE 521 LYONS BAY DR NOKOMIS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LORAIN A. TUENGE 220 PAMETO ROAD NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARROLL LEIS D 505 PAM AVE NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SANDRA NOYES 227 PAMETO ROAD NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAREL GOWLET 329 PALMETTO ROAD NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN YOSTI 404 LYONS BAY NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNIE ROY 308 GROVE ST NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Loraine A. Tuenge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001
 Date

485-6291
 Daytime Phone #

CR2E037 (10/00)

Attachment
Doc# 1195046
Rec'd 10/20/01
June 7/6/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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