

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25646

1. Entity Name

BAY POINT CITIZENS ASSOCIATION, INC.

Principal Place of Business

220 PAMETO ROAD
NOKOMIS FL 34275
US

Mailing Address

P O BOX 629
NOKOMIS FL 34275
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

Name

LORAINA 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

LORAINA A. TUENGE

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

Loraine A. Tuenge

(NOTE: Registered Agent signature required when reinstating)

06/09/02

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 P
NAME BROWN, B.J.
STREET ADDRESS 220 PAMETO ROAD
CITY- ST- ZIP NOKOMIS FL 34275 ☒ Delete

TITLE S
NAME LEIS, GARROLL
STREET ADDRESS 505 PALM AVENUE
CITY- ST- ZIP NOKOMIS FL 34275 ☒ Delete

TITLE TD
NAME NOYES, SANDRA
STREET ADDRESS 227 PAMETO ROAD
CITY- ST- ZIP NOKOMIS FL 34275 ☒ Delete

TITLE VPD
NAME GOULET, KAREN
STREET ADDRESS 329 PALMETTO ROAD
CITY- ST- ZIP NOKOMIS FL 34275 ☐ Delete

TITLE D
NAME TOSTI, NORMAN
STREET ADDRESS 404 LYONS BAY
CITY- ST- ZIP NOKOMIS FL 34275 ☐ Delete

TITLE D
NAME FOX, BONNIE
STREET ADDRESS 308 GROVE STREET
CITY- ST- ZIP NOKOMIS FL 34275 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME LORAINA A. TUENGE
STREET ADDRESS 220 PAMETO ROAD
CITY- ST- ZIP NOKOMIS FL 34275 ☐ Change ☒ Addition

TITLE Secretary
NAME KAREN DEHMAN
STREET ADDRESS 406 BAY POINT AVE.
CITY- ST- ZIP NOKOMIS FL 34275 ☐ Change ☒ Addition

TITLE Treasurer
NAME BONNIE FOX
STREET ADDRESS 308 GROVE ST
CITY- ST- ZIP NOKOMIS FL 34275 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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

4-29-02

Date

941 485-6291

Daytime Phone #

CR2E037 (9/01)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91134 042 ****61.25

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DO NOT WRITE IN THIS SPACE