

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25646

FILED
Mar 28, 2005
Secretary of State

Entity Name: BAY POINT CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

319 PAVONIA ROAD
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 629
NOKOMIS, FL 34274 US

New Mailing Address:

FEI Number: 65-0107798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARENTE, JOHN
319 PAVONIA ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARENTE, JOHN
Address: 319 PAVONIA ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: WILLIAMS, SHARON
Address: 404 PINE
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: TUENGE, LORAIN
Address: 220 PAMETO ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: VPD () Delete
Name: DEHAHN, KAREN
Address: 406 BAY POINT AVENUE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: TOSTI, NORMAN
Address: 404 LYONS BAY
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: WILLIAMS, SCOTT
Address: 404 PINE ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VAN BUREN, ELIZABETH
Address: 211 BAYVIEW PKWY
City-St-Zip: NOKOMIS, FL 34275

Title: VPD (X) Change () Addition
Name: HANSEN, MARY BETH
Address: 202 GROVE ST.
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change () Addition
Name: BEEBE, MARK
Address: 601 BAY POINT AVE.
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change () Addition
Name: HEALY, TERRI
Address: 301 PALM AVE.
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH VAN BUREN

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03/28/2005

Electronic Signature of Signing Officer or Director

Date