2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25646

FILED Apr 04, 2007 Secretary of State

Entity Name: BAY POINT CITIZENS ASSOCIATION INC

Name and Address of Current Registered Agent: VAN BUREN, ELIZABETH P 211 BAYVIEW PKWY NOKOMIS, FL 34275 US The above named entity submits this statement for the purpose of changing its registered office of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO O Title: D () Delete Title: () Change Name: Address: Oity-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Title: () Change Name: Address: Oity-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Title: () Change Name: Address: Oity-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Title: () Change Name: Address: Oity-St-Zip: NOKOMIS, FL 34275 Title: T () Delete Title: T (X) Change Name: Address: Oity-St-Zip: NOKOMIS, FL 34275 Title: T () Delete Title: T (X) Change Name: VAN BUREN, ELIZABETH Name: VAN BUREN, ELIZABETH Name: VAN BUREN, ELIZABE Address: 211 BAYVIEW PKWY Address: 244 PENSACOLA RD. City-St-Zip: VENICE, FL 34285	
Current Mailing Address: P O BOX 629 NOKOMIS, FL 34274 US FEI Number: 65-0107798 FEI Number Applied For () FEI Number Not Applicable () Certif Name and Address of Current Registered Agent: Name and Address of New R VAN BUREN, ELIZABETH P 211 BAYVIEW PKWY NOKOMIS, FL 34275 US The above named entity submits this statement for the purpose of changing its registered office of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO O Title: D () Delete Name: RICHARDS, COLLEEN Address: 304 PINE City-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Name: HEALY, TERRI Address: 301 PALM AVE. City-St-Zip: NOKOMIS, FL 34275 Title: T () Delete Name: HEALY, TERRI Name: HEALY, TERRI Name: HEALY, TERRI Name: VAN BUREN, ELIZABETH	iness:
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211 BAYVIEW PKWY NOKOMIS, FL 34275 US 244 PENSACOLA RD/ VENICE, FL 34285 US The above named entity submits this statement for the purpose of changing its registered office of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO O Title:	Registered Agent:
Electronic Signature of Registered Agent	or registered agent, or both,
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: D () Delete Name: RICHARDS, COLLEEN Address: 304 PINE City-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Name: HEALY, TERRI Address: 301 PALM AVE. City-St-Zip: NOKOMIS, FL 34275 Title: T () Delete Name: HEALY, TERRI Address: 301 PALM AVE. City-St-Zip: NOKOMIS, FL 34275 Title: T () Delete Name: VAN BUREN, ELIZABETH Address: 211 BAYVIEW PKWY Address: 214 PENSACOLA RD. City-St-Zip: NOKOMIS, FL 34275 Title: D () Delete Name: RICHARDS, DAVID Title: Title: () Changen Name: VAN BUREN, ELIZABETH Title: T (X) Changen Name: VAN BUREN, ELIZ	04/04/2007
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Name: RICHARDS, DAVID Name:	
City-St-Zip: NOKOMIS, FL 34275 City-St-Zip:	nge () Addition
Title: D () Delete Title: () Chang Name: DUMAS, MARYANNE Name: Address: 603 BAY POINT AVE. Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip:	nge () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P. VAN BUREN TREA 04/04/2007