2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25646

Apr 07, 2008 Secretary of State

Entity Name: BAY POINT CITIZENS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

244 PENSACOLA RD. VENICE, FL 34285

Current Mailing Address: New Mailing Address:

P O BOX 629

NOKOMIS, FL 34274 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAN BUREN, ELIZABETH P 244 PENSACOLA RD/ VENICE, FL 34285

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

RICHARDS, COLLEEN RICHARDS, COLLEEN Name: Name:

304 PINE Address: 304 PINE Address:

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 US

Title: Title: D () Delete (X) Change () Addition

HEALY, TERRI Name: HEALY, TERRI Name: Address: 301 PALM AVE. Address: 301 PALM AVE.

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 US

Title: () Delete Title: (X) Change () Addition VAN BUREN, ELIZABETH VAN BUREN, ELIZABETH Name: Name: 244 PENSACOLA RD. Address: Address: 244 PENSACOLA RD.

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 US

Title: () Delete Title: (X) Change () Addition

RICHARDS, DAVID RICHARDS, DAVID Name: Name: **304 PINE** 304 PINE Address: Address:

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 US

Title: () Delete Title: (X) Change () Addition DUMAS, MARYANNE DUMAS, MARYANNE Name: Name:

603 BAY POINT AVE. 603 BAY POINT AVE. Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 US

Title: () Delete Title: () Change (X) Addition

BRITTON, ANDREW Name: Name: Address: Address: 460 PALMETTO CRESCENT NOKOMIS, FL 34275 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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** 04/07/2008