

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25646

FILED
Apr 09, 2009
Secretary of State

Entity Name: BAY POINT CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

244 PENSACOLA RD.
VENICE, FL 34285 US

New Principal Place of Business:

404 PINE RD
NOKOMIS, FL 34275 US

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:

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

Name and Address of New Registered Agent:

WILLIAMS, SHARON J
404 PINE RD
NOKOMIS, FL 34275 US

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: SHARON J WILLIAMS

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDS, COLLEEN
Address: 304 PINE
City-St-Zip: NOKOMIS, FL 34275 US

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

Title: T () Delete
Name: VAN BUREN, ELIZABETH
Address: 244 PENSACOLA RD.
City-St-Zip: VENICE, FL 34285 US

Title: D () Delete
Name: RICHARDS, DAVID
Address: 304 PINE
City-St-Zip: NOKOMIS, FL 34275 US

Title: D () Delete
Name: DUMAS, MARYANNE
Address: 603 BAY POINT AVE.
City-St-Zip: NOKOMIS, FL 34275 US

Title: D () Delete
Name: BRITTON, ANDREW
Address: 460 PALMETTO CRESCENT
City-St-Zip: NOKOMIS, FL 34275 US

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: DEHAHN, KAREN
Address: 406 BAY POINT AVE
City-St-Zip: VENICE, FL 34285 US

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

Title: D (X) Change () Addition
Name: TOSTI, NORM
Address: 403 LYONS BAY RD
City-St-Zip: NOKOMIS, FL 34275 US

Title: () Change () Addition
Name:
Address:
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: SHARON J WILLIAMS

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date