

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25646

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** BAY POINT CITIZENS ASSOCIATION, INC.

**Current Principal Place of Business:**

404 PINE RD  
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:**

WILLIAMS, SHARON J  
404 PINE RD  
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: D  
Name: TOSTI, NORM  
Address: 403 LYONS BAY RD  
City-St-Zip: NOKOMIS, FL 34275 US

Title: D  
Name: GABRIEL, GEORGE  
Address: 605 COCONUT CRESENT  
City-St-Zip: NOKOMIS, FL 34275 US

Title: T  
Name: CONAGHAN, DIANNE  
Address: 506 BAYVIEW PKWY  
City-St-Zip: NOKOMIS, FL 34275 US

Title: D  
Name: BEEBE, MARK  
Address: 601 BAYPOINT AVE  
City-St-Zip: NOKOMIS, FL 34275 US

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON WILLIAMS

RA

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date