

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90202 031 \*\*\*\*61.25

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03232006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N41978</b> 1. Entity Name <b>BAY POINT WATERFRONT AND CANALFRONT PROPERTY OWNERS ASSN., INC.</b>					
Principal Place of Business P.O. BOX 27089 PANAMA CITY, FL 32411			Mailing Address P.O. BOX 27089 BAY POINT, FL 32411-7089		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LIENHOP, ROBERT 531 WAHOO ROAD BAY POINT, FL 32411-8166			Name <u>Bob Miller</u> Street Address (P.O. Box Number is Not Acceptable) <u>244 Marlin Circle</u> City <u>Bay Point</u> <u>FL</u> Zip Code <u>32411-7579</u>		
8. 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. I am familiar with, and accept the obligations of, registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u>Robert Miller</u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> <u>4/24/06</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIENHOP, ROBERT		NAME	Bob Miller	
STREET ADDRESS	531 WAHOO ROAD		STREET ADDRESS	244 Marlin Circle	
CITY- ST- ZIP	BAY POINT, FL 324118166		CITY- ST- ZIP	Bay Point FL 32411-7579	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KENNEDY, JACK		NAME	Jim Wesson	
STREET ADDRESS	353 WAHOO ROAD		STREET ADDRESS	381 Wahoo Road	
CITY- ST- ZIP	PANAMA CITY, FL 324175757		CITY- ST- ZIP	Bay Point FL 32411-8299	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	ROBERSON, JIM		NAME		
STREET ADDRESS	1116 REDFISH CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY, FL 324118141		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	PERCIVEL, JIM		NAME		
STREET ADDRESS	1933 TROUT DRIVE		STREET ADDRESS		
CITY- ST- ZIP	BAY POINT, FL 324117489		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		
NAME	DAVENPORT, MURRAY		NAME		
STREET ADDRESS	1428 TROUT DR		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY, FL 324118381		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/24/06</u> <u>(850)234-2727</u> <small>Date Daytime Phone #</small>		