



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 049 ****61.25

DOCUMENT # N43036 1. Entity Name BAY POINT VISTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6006 WEST BAY POINT DR PENSACOLA, FL 32507			Mailing Address P.O. BOX 34456 PENSACOLA, FL 32507-4456		
2. Principal Place of Business Suite, Apt. #, etc. 5944 N. BAY POINT DR		3. Mailing Address Suite, Apt. #, etc. 			
City & State PENSACOLA FL		City & State 		02042006 Chg-NP CR2E037 (11/05)	
Zip 32507		Country U.S.A.		4. FEI Number 59-3228028	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARINI, DONALD A T 6006 WEST BAY POINT DRIVE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name CATHALIN H. HAADTKE Street Address (P.O. Box Number is Not Acceptable) 5944 N. BAY POINT DR City PENSACOLA FL Zip Code 32507		
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.					
SIGNATURE <u>Cathalyn H. Haadtke Acting Treasurer 2/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNON, DENNIS 5958 BAY VISTA DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLELLAN, PAT 5939 NORTH BAY POINT DR PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAKERS HERBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5999 W. BAY POINT DR PENSACOLA FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, TOM 5915 BAY VISTA DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEST, LISA 5906 BAY VISTA DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINI, DONALD 6006 W. BAY POINT DR. PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINI DONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6006 W. BAY POINT DR PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, HERBERT 5999 WEST BAY POINT DRIVE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Dennis M. Shannon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					