2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 12, 2008 8:00 am
Secretary of State
02-13-2008 90020 006 ****61.25

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1. Entity Name
BAY POINT VISTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5944 N.~~ BAY POINT DR 5942 PENSACOLA, FL 32507	P.O. BOX 34456 PENSACOLA, FL 32507-4456

01052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3228028
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUECK, LYNN
955 OSPREY COURT
PENSACOLA, FL 32507

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENOCKSON, JOHN O
STREET ADDRESS	5942 BAY VISTA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	V
NAME	~~AKERS, HERBERT~~ ENBODY DAVID
STREET ADDRESS	~~5989 W. BAY POINT DR~~ 5917 N. BAY POINT
CITY-ST-ZIP	~~PENSACOLA, FL 32507~~ PENSACOLA, FL 32507
TITLE	D
NAME	VOGEL, ~~TOM~~ JUDY
STREET ADDRESS	5915 BAY VISTA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	~~D~~ T
NAME	HARDTKE, CATHLEEN
STREET ADDRESS	5944 NORTH BAY POINT DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	~~D~~ S
NAME	~~MARINI, DONALD~~ BARCWDRICK STEPHANIE
STREET ADDRESS	~~6006 W. BAY POINT DR~~ 5901 N BAY POINT
CITY-ST-ZIP	~~PENSACOLA, FL 32507~~ PENSACOLA, FL 32507
TITLE	D
NAME	KUECK LYNN
STREET ADDRESS	955 OSPREY CT
CITY-ST-ZIP	PENSACOLA FL 32507

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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: Cathleen Hardtke 1/30/08 850 492-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #