

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43036

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** BAY POINT VISTA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5945 N BAY POINT DR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 34456  
PENSACOLA, FL 325074456

**New Mailing Address:**

**FEI Number:** 59-3228028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENBODY, DAVE  
5945 N BAY POINT DR  
PENSACOLA, FL 32507 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: PRES  
Name: ENBODY, DAVE  
Address: 5945 N BAY POINT DR  
City-St-Zip: PENSACOLA, FL 32507

Title: BM  
Name: MARINI, DON  
Address: 5967 WEST BAY POINT DR  
City-St-Zip: PENSACOLA, FL 32507

Title: TREA  
Name: VOGEL, JUDY  
Address: 5915 BAY VISTA DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: BM  
Name: ENOCKSON, SHEILA  
Address: 5942 BAY VISTA DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: SEC  
Name: WHITNER, LEIGHANN  
Address: BAY VISTA DRI  
City-St-Zip: PENSACOLA, FL 32507

Title: BM  
Name: JONES, STEPHEN  
Address: BAY VISTA DRIVE  
City-St-Zip: PENSACOLA, FL 32507

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: JUDY VOGEL

TREA

04/20/2012

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

\_\_\_\_\_  
Date