

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002143

FILED
Apr 28, 2008
Secretary of State

Entity Name: BAY POINTE PLANTATION OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3870 PLANTATION COVE COURT
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

3870 PLANTATION COVE COURT
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-3501526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTTS, NATHAN O
3870 PLANTATION COVE COURT
MILTON, FL 32583 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 () Delete
Name: SOUTHERLAND, BRAD
Address: 4060 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WILEY, JOHN G
Address: 7514 OLD BAY POINTE ROAD
City-St-Zip: MILTON, FL 32583

Title: P () Delete
Name: FISHER, FRED
Address: 7598 OLD BAY POINTE ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: MANSFIELD, C. DALE
Address: 7636 OLD BAY POINTE ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: TAIT, TOMMY
Address: 7417 OLD BAY POINTE ROAD
City-St-Zip: MILTON, FL 32583

Title: ST () Delete
Name: MANSFIELD, CAROL M
Address: 7636 OLD BAY POINTE RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NATHAN O BOTTS

RA

04/28/2008

Electronic Signature of Signing Officer or Director

Date