

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90061 046 ****61.25

DOCUMENT # N98000005027

1. Entity Name

BAY PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1096 OLD HIGHWAY 98
~~SUITE C102B~~
~~DESTIN FL 32550~~

1096 OLD HIGHWAY 98
~~SUITE C102B~~
~~DESTIN FL 32550~~

2. Principal Place of Business

3. Mailing Address

1096 Scenic Gulf Drive
 Suite, Apt. #, etc.

1096 Scenic Gulf Drive
 Suite, Apt. #, etc.

Suite C 102B

Suite C 102B

City & State
 Destin FL

City & State
 Destin FL

Zip
 32550

Country
 US

Zip
 32550

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602622

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, DAVID W

~~1096 OLD HIGHWAY 98~~
~~SUITE C102B~~
~~DESTIN FL 32541~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1096 Scenic Gulf Drive

City

FL

Zip Code

32550

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	SISK, FRED H JR	
STREET ADDRESS	258 EVANGELINE DR	
CITY-ST-ZIP	MANDEVILLE LA 70471	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LYONS, JAMES	
STREET ADDRESS	8862 BAYPINE DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, BARBARA	
STREET ADDRESS	610 WEST FRANKLIN	
CITY-ST-ZIP	WHEATON IL 60187-4037	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WATSON, DAVID G	
STREET ADDRESS	8875 BAYPINE DR	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02
 Date

267-1498
 Daytime Phone #

CRZE037 (9/01)