
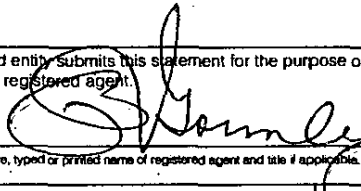



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90030 013 \*\*\*\*61.25

<b>DOCUMENT # N98000005027</b>					
1. Entity Name <b>BAY PINES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>215 GRAND BLVD DESTIN, FL 32550</b>			Mailing Address <b>215 GRAND BLVD DESTIN, FL 32550</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3602622</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELL, DAVID W 215 GRAND BLVD DESTIN, FL 32550			Name - <b>TERRY P. GORMLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 GRAND BLVD</b> City <b>MIRAMAR BEACH FL</b> Zip Code <b>32550</b>		
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 <b>2/3/04</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISK, FRED H JR		NAME		
STREET ADDRESS	258 EVANGELINE DR		STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE, LA 70471		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYONS, JAMES		NAME		
STREET ADDRESS	8862 BAYPINE DR		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	<b>32550</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, BARBARA		NAME		
STREET ADDRESS	610 WEST FRANKLIN		STREET ADDRESS		
CITY-ST-ZIP	WHEATON, IL 601874037		CITY-ST-ZIP	<b>60187-4039</b>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, DAVID G		NAME		
STREET ADDRESS	8875 BAYPINE DR		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE: <b>1/27/04</b>		DAYTIME PHONE #: <b>267-1498</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					