

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005027

FILED
Apr 10, 2007
Secretary of State

Entity Name: BAY PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3602622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 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: DP () Delete
Name: LYONS, JAMES
Address: 8862 BAYPINE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DVP () Delete
Name: MASKOL, DIANE
Address: 510 APPROACH CT.
City-St-Zip: ROSWELL, GA 30076 US

Title: DST () Delete
Name: WATSON, DAVID G
Address: 8875 BAYPINE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: BRUNO, EVELYN
Address: 1237 MOUNTCLAIR DR.
City-St-Zip: PITTSBURG, PA 15241

Title: D () Delete
Name: VENTULETT, TOM
Address: 4234 CONWAY VALLEY
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LYONS, JAMES
Address: 8862 BAYPINE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: PD (X) Change () Addition
Name: MASKOL, DIANE
Address: 510 APPROACH CT.
City-St-Zip: ROSWELL, GA 30076 US

Title: STD (X) Change () Addition
Name: WATSON, DAVID G
Address: 8875 BAYPINE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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 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: DIANE MASKOL

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date