


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90217 047 ****61.25

DOCUMENT # N98000005027

1. Entity Name
BAY PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1096 SCENIC GULF DR
SUITE C102B
DESTIN FL 32550**

Mailing Address
**1096 SCENIC GULF DR
SUITE C102B
DESTIN FL 32550**

2. Principal Place of Business
215 Grand Blvd.

3. Mailing Address
215 Grand Blvd.

Suite, Apt. #, etc.

City & State
Destin FL

City & State
Destin FL

Zip
32550

Country
U.S.

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

**BELL, DAVID W
1096 SCENIC GULF DR
SUITE C102B
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

City **Destin** State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	DS	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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:  DATE **2/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)