FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725862** **(7)**

1. Corporation Name

BAY POINT GOLF VILLAS II ASSOCIATION INC

Principal Place of Business	Mailing Address
BAY POINT BOX 9068 PANAMA CITY FL 32417-9068	BAY POINT BOX 9068 PANAMA CITY FL 32417-9068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1973
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1513453 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAFF JR, M A BAY POINT PANAMA CITY FL 32411	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, PERRY	12 NAME		
STREET ADDRESS	221 SHERWOOD DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DELETE	☐ Change ☐ Addition
NAME	PETERS, DR HANS	22 NAME		
STREET ADDRESS	6039 WELLESLEY	23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	GREEN, ROBERT	32 NAME		
STREET ADDRESS	BAY POINT	33 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LITTLETON, HARRY	42 NAME		
STREET ADDRESS	209 POWERS	43 STREET ADDRESS		
CITY-ST-ZIP	SIKESTON MO	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	TAFF, M.A. JR.	52 NAME		
STREET ADDRESS	BAY POINT	53 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MILLS, JAMES	62 NAME		
STREET ADDRESS	BAY POINT	63 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. A. Taff Jr. 3/27/95 904-234-7802
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0029716