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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725862 (7)

1. Corporation Name
BAY POINT GOLF VILLAS II ASSOCIATION INC

Principal Place of Business BAY POINT BOX 9368 PANAMA CITY FL 32417-9368	Mailing Address BAY POINT BOX 9368 PANAMA CITY FL 32417-9368
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 03/20/1973	
4. FEI Number 59-1513453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAFF JR, M A
 BAY POINT
 PANAMA CITY FL 32411**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 1?	
TITLE SD	SMITH, PERRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Gilberg, Miriam
STREET ADDRESS	221 SHERWOOD DRIVE	1.3 STREET ADDRESS	Bay Point Road, #461
CITY-ST-ZIP	WOOD DALE IL	1.4 CITY-ST-ZIP	Panama City, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLETON, HARRY	2.2 NAME	
STREET ADDRESS	209 POWERS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIKESTON MO	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFF, M.A. JR.	3.2 NAME	Taff, M.A. Jr.
STREET ADDRESS	PO BOX 27042	3.3 STREET ADDRESS	Bay Point Road, #459
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JAMES	4.2 NAME	Mills, James
STREET ADDRESS	BOX 27024	4.3 STREET ADDRESS	Bay Point Road, #453
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Panama City, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Morris Joe
STREET ADDRESS		5.3 STREET ADDRESS	Bay Point Road, #442
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Panama City FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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. Jr. Taff* **REQUIRED** 3/30/98 850-234-7802

CR2E037 (10/97)