

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90015 025 \*\*\*\*61.25



**DOCUMENT # 725862**

1. Entry 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1513453**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, BARBARA  
 4305 BAY POINT RD 34456  
 PANAMA CITY FL 32411**

Name

**SMITH, STEVE**

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

**4305 BAY POINT ROAD**

**PANAMA CITY, FL**

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature (ink) and word (re-stamped)

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2008**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	MILLS, JAMES	BAY POINT ROAD, #453	PANAMA CITY FL	<input type="checkbox"/>
D	LEGG, LESLIE	BAY POINT	SOUTHPORT FL 32409	<input checked="" type="checkbox"/>
PD	OVERTON, MARTIN	BAY POINT	PANAMA CITY FL	<input checked="" type="checkbox"/>
D	BYRD, SIBBIE	BAY POINT	PANAMA CITY FL	<input checked="" type="checkbox"/>
VD	GUNN, SKEETER	BAY POINT	PANAMA CITY FL	<input checked="" type="checkbox"/>
SD	SMITH, BARB	BAY POINT	PANAMA CITY FL	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D		4305 BAY POINT ROAD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	FLAAT, DAVID	BAY POINT	PANAMA CITY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	SMITH, STEVE	4305 BAY POINT ROAD	PANAMA CITY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	SALAZAR, RON	4305 BAY POINT ROAD	PANAMA CITY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	ZACHARY, RICHARD	4305 BAY POINT ROAD	PANAMA CITY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GUARINO, MICHELLE	4305 BAY POINT ROAD	PANAMA CITY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Handwritten Signature]*

Vice President

2/9/08 865-388-6829