

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 Mailing Address
BAY POINT BOX 9368 PANAMA CITY FL 32417-9368
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
 Zip Country Zip Country

4. FEI Number **59-1513453** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
SMITH, BARBARA
4305 BAY POINT RD 34456
PANAMA CITY FL 32411

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature (ink) read with magnifying glass)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *[Signature]* Vice President 2/9/08 865-388-6829