

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

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90019 021 ****61.25

DOCUMENT # 725862

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Joseph Morris**

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

Panama City, FL 32411

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 **Joseph Morris, President** 1/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **TAFF, M.A. JR.**
STREET ADDRESS **BAY POINT ROAD #459**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **STD** Change Addition
NAME **Hilton, Janet**
STREET ADDRESS **Bay Point**
CITY-ST-ZIP **Panama City, FL**

TITLE **VD** Delete
NAME **MILLS, JAMES**
STREET ADDRESS **BAY POINT ROAD, #453**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **MORRIS, JOE**
STREET ADDRESS **BAY POINT ROAD #442**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **PD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **ROBERTSON, WILLIAM**
STREET ADDRESS **116 ROBERT E LEE WAT**
CITY-ST-ZIP **EUFALÉ AL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **BEVILLE, BARBARA**
STREET ADDRESS **BAY POINT ROAD #454**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 the address with all other like empowered.

SIGNATURE: **Joseph Morris, President** 1/30/03 850-234-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)