

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # 725863 (5)
1. Corporation Name
BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC.

95 MAY 17 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
BAY POINT RD BAY POINT RD
P O BOX 27075 P O BOX 27075
PANAMA CITY FL 32411 PANAMA CITY FL 32411
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1973	3a. Date of Last Report 05/25/1994
4. FEI Number 23-7354697	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**MIDDLETON, MARTHA A.
1316 POMPANO ROAD
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BYRD, WILLARD C.
STREET ADDRESS	1005 CANTER ROAD, N.E.
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	EVERETT, HELEN
STREET ADDRESS	108 PLANTATION DR.
CITY - ST - ZIP	THOMASVILLE GA
TITLE	S
NAME	MIDDLETON, MARTHA A.
STREET ADDRESS	1316 POMPANO ROAD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	PD
NAME	FLOWERS, PAUL
STREET ADDRESS	FLOWERS HOSPITAL
CITY - ST - ZIP	DOTHAN AL
TITLE	VD
NAME	DOVE, MIKE
STREET ADDRESS	3103 FOXRIDGE RD.
CITY - ST - ZIP	DOTHAN AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	Menke, Lori
4.4 CITY - ST - ZIP	55 Foxchase Dr Dothan, Ala 36301
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: *Martha A. Middleton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha A. Middleton 4/30/95 904-234-3741
Date City/Phone #