

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725863

1. Entity Name

BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90127 010 ****61.25

Principal Place of Business BAY POINT RD P O BOX 27075 PANAMA CITY FL 32411 US	Mailing Address BAY POINT RD P O BOX 27075 PANAMA CITY FL 32411-7075 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 23-7354697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, MARTHA A.
 1316 POMPANO ROAD
 PANAMA CITY FL 32411

7. Name and Address of New Registered Agent

Name: Middleton Martha A.
 Street Address (P.O. Box Number is Not Acceptable): 2702 Woodmere Dr.
 City: Panama City FL Zip Code: 32405

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.

SIGNATURE: Martha A. Middleton Martha A. Middleton 4/25/00
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, WILLARD C.	
STREET ADDRESS	1005 CANTER ROAD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, HELEN	
STREET ADDRESS	108 PLANTATION DR.	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIDDLETON, MARTHA A.	
STREET ADDRESS	1316 POMPANO ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOVE, MIKE	
STREET ADDRESS	3103 FOXRIDGE RD.	
CITY-ST-ZIP	DOTHAN AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Middleton, Martha A.	
STREET ADDRESS	2702 Woodmere Dr.	
CITY-ST-ZIP	Panama City FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dove, Mike	
STREET ADDRESS	3103 Foxridge Rd.	
CITY-ST-ZIP	Dothan AL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forrester, Phil	
STREET ADDRESS	111 Blumberg Dr.	
CITY-ST-ZIP	Dothan, AL 36303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: MIDDLETON, MARTHA A. (Martha A. Middleton) 4/25/00 850-763-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)