

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2005
Secretary of State**

DOCUMENT# 725863

Entity Name: BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

BAY POINT RD
P O BOX 27075
PANAMA CITY, FL 32411 US

New Principal Place of Business:

4400 KINGFISH LANE
P O BOX 27075
PANAMA CITY, FL 32411 US

Current Mailing Address:

BAY POINT RD
P O BOX 27075
PANAMA CITY, FL 32411 US

New Mailing Address:

FEI Number: 23-7354697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, MARTHA A.
2702 MOODMERE DR
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BYRD, WILLARD C.,
Address: 1005 CANTER ROAD, N.E.
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: EVERETT, HELEN,
Address: 108 PLANTATION DR.
City-St-Zip: THOMASVILLE, GA

Title: S () Delete
Name: MIDDLETON, MARTHA A.,
Address: 2702 WOODMERE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: FORRESTER, PHIL
Address: 111 BLUMBERG DDR
City-St-Zip: DOTHAN, AL 36303

Title: VD () Delete
Name: MALMO, DON
Address: 345 S. YATES RD.
City-St-Zip: MEMPHIS, TN 38120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVERETT, HELEN,
Address: 217 FAIRWAYS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FORRESTER, PHIL
Address: 109 MUIRFIELD LANE
City-St-Zip: DOTHAN, AL 36305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA A. MIDDLETON

S

03/22/2005

Electronic Signature of Signing Officer or Director

Date