

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725863

FILED
Feb 06, 2008
Secretary of State

Entity Name: BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 27075
PANAMA CITY, FL 32411 US

New Principal Place of Business:

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

Current Mailing Address:

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 WOODMERE 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 () Delete
Name: EVERETT, HELEN,
Address: 217 FAIRWAYS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

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: 109 MUIRFIELD LANE
City-St-Zip: DOTHAN, AL 36305

Title: VD () Delete
Name: WHEELLESS, HUGH
Address: 103 ROYAL HIGHLANDS LANE
City-St-Zip: DOTHAN, AL 36305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

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02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date