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

Mar 12, 2003 8:00 am Secretary of State DOCUMENT # 725863 1. Entity Name 03-12-2003 90121 010 ****61.25 BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC. Principal Place of Business 3 144 ... Mailing Address TEFAKOON **BAY POINT RD BAY POINT RD** P O BOX 27075 P O BOX 27075 PANAMA CITY FL 32411 PANAMA CITY FL 32411 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 23-7354697 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7.-Name and Address of New Registered Agent MIDDLETON, MARTHA A. Street Address (P.O. Box Number is Not Acceptable) 2702 MOODMERE DR PANAMA CITY FL 32405 Zip Code 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** 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE CR2E037 (10/02) ☐ Addition BYRD, WILLARD C. NAME NAME 1005 CANTER ROAD, N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP atlanta ga CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Everett, Helen NAME NAME STREET ADDRESS 108 PLANTATION DR. STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MIDDLETON, MARTHA A. NAME STREET ADDRESS 2702 WOODMERE DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME FORRESTER, PHIL NAME STREET ADDRESS 111 BLUMBERG DDR STREET ADDRESS CITY-ST-ZIP DOTHAN AL 36303 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition A NAME Don Malmo Don Malmo NAME STREET ADDRESS 395 5. Yates Rd. 395 5, Yates STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Memohis TN memphis TN 38120 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

artha A. Middleton

850-763-3620 2*1281*03

FILED