## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 731837**

City & State

## BAY POINT STUDIO VILLAS III ASSOCIATION, INC.

| Principal Place of Business    | Mailing Address                                    |  |  |
|--------------------------------|--|--|--|
| BAY POINT                      | BAY POINT<br>BOX 9368<br>PANAMA CITY FL 32417-9368 |  |  |
| BOX 9368                       |  |  |  |
| PANAMA CITY FL 32417-9368      | Trianing Off the death occupant                    |  |  |
|                                |  |  |  |
| 2. Principal Place of Business | 2a. Mailing Address                                |  |  |
| 21                             | 26   |  |  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                                |  |  |
|                                |  |  |  |

City & State

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/10/1975 4. FEI Number

59-1799289

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90029 025 \*\*\*\*61.25

| 7         | Zip Country  | Zip<br>29                 | Cour         | itry | fry 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |   |
|-----------|--|---------------------------|--------------|------|---|---|
| •         | 9. Name and Address of Current R                   |                           | 190          |      | 10. Name and Address of New Registered Agent  |   |
|           | ,  |                           |              | 81   | Name  |   |
| BAY POINT |  |                           | 82           |      |   |   |
|           | PANAMA CITY FL 32411                               | AMA CITY FL 32411         |              | 83   | 13  |   |
|           | 8  |                           |              |      | FL 85 Zip Code  |   |
| 44        | 1. Dumumt to the provisions of Sections 617 0502 s | and 617 1508 Florida Stat | utes, the ab | ove  | ove-named corporation submits this statement for the purpose of changing its registered | j |

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 617.0503, Florida Statutes. |  |   |                           |          |             |  |  |  |  |  |
|---|--|---|---------------------------|----------|-------------|--|--|--|--|--|
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable. (NOTE: I | Registered Agent signature n                          | equired when reinstating) | DATE     | <del></del> |  |  |  |  |  |
| 12.   | OFFICERS AND DIRECTORS   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |          |             |  |  |  |  |  |
| TITLE   | D DELETE   | 1.1 TITLE   |                           | Change   | Addition    |  |  |  |  |  |
| NAME  | HANAHAN, LABRUCE   | 1.2 NAME  | •                         | •        | }           |  |  |  |  |  |
| STREET ADDRESS  | 1817 W MAIN, SUITE II  | 1.3 STREET ADDRESS                                    |                           |          |             |  |  |  |  |  |
| CITY-ST-ZIP   | DOTHAN AL  | 1.4 CITY-ST-ZIP                                       |                           |          |             |  |  |  |  |  |
| TITLE   | PD Z DELETE  | 2.1 TITLE   | PD                        | ☐ Change | Addition    |  |  |  |  |  |
| NAME  | WARD, RUSTY  | 2.2 NAME  | Wheeless, Hugh            |          | 1           |  |  |  |  |  |
| STREET ADDRESS  | BOX 27613 N/A  | 2.3 STREET ADDRESS                                    | Bay Point, Unit 183       |          |             |  |  |  |  |  |
| CITY-ST-ZIP   | PANAMA CITY, FL 00000  | 2. 4 CITY-ST-ZIP                                      | Panama City, FL           |          |             |  |  |  |  |  |
| TITLE   | STD □ DELETE   | 3,1 TITLE   |                           | Change   | Addition    |  |  |  |  |  |
| NAME ,  | REW, CONNIE  | 3.2 NAME  |                           |          | J           |  |  |  |  |  |
| STREET ADDRESS  | 242 CHURCHILL CIR  | 3.3 STREET ADDRESS                                    | ·                         |          |             |  |  |  |  |  |
| CITY-ST-ZIP   | LEESBURG FL  | 3.4. CITY-ST-ZIP                                      |                           |          |             |  |  |  |  |  |
| TITLE   | VD X DELETE  | 4,1 TTLE  | VD                        | Change   |             |  |  |  |  |  |
| NAME  | MATTHEWS, SAM  | 4. 2 NAME   | Corley, Debbie            |          |             |  |  |  |  |  |
| STREET ADDRESS  | BAY POINT, BOX 28272 N/A   | 4.3 STREET ADDRESS                                    | 121 Copland Drive         |          |             |  |  |  |  |  |
| CITY-ST-ZIP   | PANANA CITY FL   | 4.4 CITY-ST-ZIP                                       | Hamilton, GA 31811        |          |             |  |  |  |  |  |
| TITLE   | ☐ DELETE   | 5.1 TITLE   | D                         | Change   | Addition    |  |  |  |  |  |
| NAME  |  | 5.2 NAME  | Allison, Bill             |          |             |  |  |  |  |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS                                    | Bay Point, Unit 278       |          |             |  |  |  |  |  |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP                                       | Panama City, FL           | ·-       |             |  |  |  |  |  |
| TITLE   | C) DELETE  | 6.1 TITLE   | ,,                        | Change   | Addition    |  |  |  |  |  |
| NAME  |  | 6.2 NAME  |                           |          |             |  |  |  |  |  |
| STREET ADDRESS  | •  | 6.3 STREET ADDRESS                                    |                           |          |             |  |  |  |  |  |
| CITY-ST-ZIP   |  | 6.4 CITY-ST-ZIP                                       | ·                         |          | ·           |  |  |  |  |  |

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 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, with all other like empowered.

SIGNATURE: