## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725862** 

Entity Name: BAY POINT GOLF VILLAS II ASSOCIATION INC

**FILED** Feb 26, 2017 **Secretary of State** CC6562651342

## **Current Principal Place of Business:**

BAY POINT GOLF VILLAS II 4305 BAY POINT ROAD PANAMA CITY, FL 32408

## **Current Mailing Address:**

BAY POINT GOLF VILLAS II **BOX 9368** PANAMA CITY, FL 32417-9368 US

FEI Number: 59-1513453 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAMERON, SHERI 4305 BAY POINT ROAD **UNIT 4460** 

PANAMA CITY, FL 32408 US

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: SHERI CAMERON 02/26/2017

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

PANAMA CITY FL 32408

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** 

Name VARNEY, SUZANNE Name CAMERON, SHERI

1385 DUFFY ROAD, SE 4305 BAY POINT ROAD Address Address **UNIT 4460** 

City-State-Zip: LANCASTER OH 43130

City-State-Zip: PANAMA CITY FL 32408

Title **DIRECTOR** Title **SECRETARY** BREAULT, CANDICE

Name SHAW, MEREDITH 4305 BAY POINT ROAD Address

Address 5249 FINISTERRE DR **UNIT 4447** 

City-State-Zip: PANAMA CITY FL 32408

Title **DIRECTOR** 

Name

MARCHANT, JOAN Name

4305 BAY POINT ROAD Address

#4467

City-State-Zip: PANAMA CITY FL 32408

I hereby 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 all other like empowered.

02/26/2017 SIGNATURE: SHERI CAMERON **PRESIDENT**