### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725862** 

Entity Name: BAY POINT GOLF VILLAS II ASSOCIATION INC

FILED
Apr 01, 2013
Secretary of State
CC2687563605

# **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

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

## Name and Address of Current Registered Agent:

SMITH, STEVE 4305 BAY POINT RD #4456 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.

TD

Title

#### SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

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Name	MILNER, E. CLIFTON	Name	SEEBERGER, BILLY
Address	40 CAMBRIDGE AVENUE	Address	4305 BAY PT RD., #4464
City-State-Zip:	GULFPORT MS 39207	City-State-Zip:	PANAMA CITY FL 32408

Title D Title PD

Name SMITH, STEVE Name ZACHARY, RICHARD

Address 4305 BAY PT RD, #4456 Address 4305 BAY POINT RD, #4447
City-State-Zip: PANAMA CITY FL 32408 City-State-Zip: PANAMA CITY FL 32408

Title VD Title SD

NameWEIBLE, RICHARDNameVARNEY, SUZANNEAddress196 CREEK BOTTOM ROADAddress1385 DUFFY ROAD, SECity-State-Zip:LABADIE MO 63055City-State-Zip:LANCASTER OH 43130

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.

SIGNATURE: STEVE SMITH DIRECTOR 04/01/2013